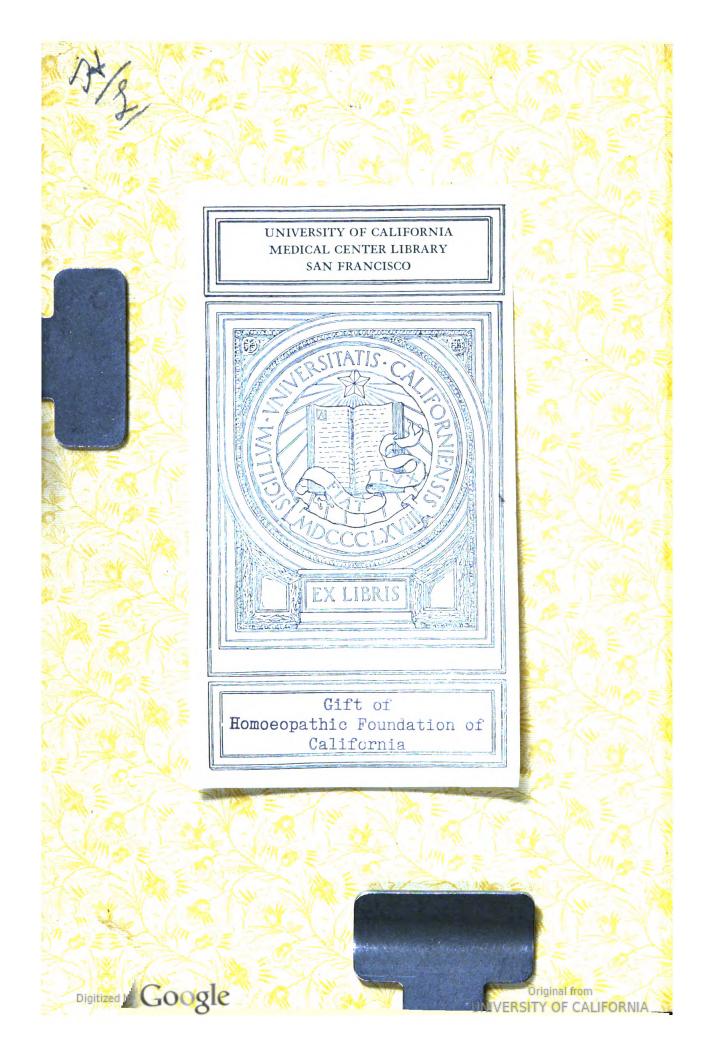


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THE

HOMŒOPATHIC WORLD:

A MONTHLY JOURNAL OF

MEDICAL, SOCIAL, AND SANITARY SCIENCE.

EDITED BY

C. E. WHEELER, M.D., B.Sc.

Vol. LII.

LONDON:

THE HOMŒOPATHIC PUBLISHING COMPANY, 12, WARWICK LANE, E.C.

1917.



HEADLEY BROTHERS,

PRINTERS,

18, DEVONSHIRE STREET, BISHOPSGATE, E.C.2.
AND ASHFORD, KENT.



THE

HOMŒOPATHIC WORLD.

JANUARY 1, 1917.

1917.

THE Editor has the honour in this number to present his readers with a reprint of his address to the British Homeopathic Society, desiring at the risk of charges of self-advertisement to bring his appeal before the laity of Homœopathy as well as the professional men. Although the bulk of the address is concerned with professional problems, the discussion of them is of great interest to many medical readers; but more important than this does the Editor feel his attempt to rouse the Homœopathic body (if indeed they require rousing), to a sense of the pressing need of more energy, more enthusiasm, more labour in this year and the approaching years. It will be more difficult to give them by reason of all the weariness and exhaustion of sorrow and the straitened circumstances begotten of national needs, but however difficult the giving they must be found and since the young are being sacrificed on the altar of the future, it is for those no longer young to see that their sacrifice does not leave the world permanently poorer. In this work as far as Homeopathy is concerned, professional and non-professional alike can share, and it is in the earnest hope that 1917 may be a beginning of stronger resolves and richer promise that this address is here set forward.



NEWS AND NOTES.

THE LATE DR. MABEL HARDIE.

WE deeply regret to have to record the death of Dr. Mabel Hardie. She was one of our most recent converts to Homœopathy, but the enthusiasm she developed for it, aided by her fine abilities enabled her to achieve great success in practising it, and she will be sorely missed from our midst as an active and ardent worker. During the war she had been unsparing of personal labour, both here and abroad, and the fatigue caused by her devoted work had not a little to do with her final illness. Whoever had the privilege to know her will always remember her courage, straightforward freedom from prejudice and many-sided interest in life. We can ill spare her but her memory will live in the hearts of all her friends.

SUB-LINGUAL MEDICATION.

The speed of absorption of drugs from the sublingual space (that is without swallowing) has been the subject of some recent articles of great interest in the *Practitioner*. The method is there advised as a substitute for hypodermic injection (the hypoderm being placed behind the teeth under the tongue, and held there till dissolved), and is claimed to be nearly as swift in its effect: but it has special value for the homœopathist, whose powders, discs or pillules would find their ready absorption into the blood stream. Particularly should the method be used for the lower potencies upon which in some instances (e.g. Crotalus and nosodes) the gastric juices might act deleteriously. The higher potencies are probably absorbed almost instantaneously in any case.

PRESENTATION TO DR. VAN LENNEP.

A very interesting event took place recently at Hahnemann College, Philadelphia, U.S.A., when the portrait of the Dean of the School, Dr. Van Lennep, was presented to the College by some of his friends and admirers, the latter being, by the way, virtually the whole homeopathic body. The Dean is also and has

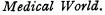


been for years Professor of Surgery and is a famous name in Europe as well as in America. We wish to add our congratulations to both the Dean for the well deserved honour and to the College for their recognition of their teacher's great work.

Dr. Burford's Papers on "The Internal Secretions."

WE regret that pressure of professional work has prevented Dr. Burford from contributing a further paper on the "Therapeutics of the Internal Secretions" in which such aspects of the subject as Substitution-therapy, Activation-therapy, and Homœo-therapy would have been described and illustrated. In the February number we hope to print this addition to those preceding, and thereafter a very interesting series of successful cases of Internal-secretion Therapy from the practice of a number of our distinguished colleagues.

DIABETES INSIPIDUS SUCCESSFULLY TREATED WITH HYPO-PHYSIN.—According to Graul (Deutsche med. Wchenschr., No. 37, 1915) the primary idiopathic diabetes insipidus is a symptom of hypofunction of the hypophysis, which may appear as the result of organic changes (syphilis, tumours, etc.) or as a result of a purely functional anomaly. The secretion of the pituitary body has an inhibitory action on the preparation of the urine in the kidneys. If it fails—being unable to reach the regulating centre in the fourth ventricle—then an excessive secretion of urinary water takes place. (The diluting renal activity in the glomeruli and the separation of the NaCl which is dependent on the function of the epithelium of the uriniferous tubules, may be influenced from the fourth ventricle). The author now describes a case of purely nervous diabetes insipidus which was treated with hypophysin with excellent results. As in this affection the polyuria is the primary symptom which afterwards leads to polydipsia, it is irrational and dangerous to attempt to cure the polyuria by a categorical restriction of the fluids partaken of, as the polyuria demands a corresponding increase in the fluids taken in order to prevent the drying-up of the tissues and the thickening of the blood. But it is correct to avoid unnecessary drinking and to reduce the osmotic tension of the blood by diminished incorporation of salt and albumin, as the largest quantity of the solid constituents consist in NaCl and urea and the urine should be as poor in solids as possible, so that only a small demand is made on the concentrating power of the functionally weakened kidneys.





ORIGINAL COMMUNICATIONS. THERAPEUTIC PROBLEMS AND POSSIBLE ANSWERS.*

By Charles Edwin Wheeler, M.D., B.S., B.Sc. Lond.

Physician to the London Homeopathic Hospital.

President of the British Homeopathic Society.

It is a long time since the British Homœopathic Society has been asked to listen in two successive years to an address from the same President. It has been felt no doubt that while it is a legitimate ambition for every member to aspire once in his lifetime to lecture his colleagues without fear of reprisals, it would strain human endurance for the Society to face this experience twice from anyone. However, the War which has shattered so much and so many things, does not only exert influence on nations and great societies, but tugs at the roots even of our little peaceful Association, and in the disturbed atmosphere of almost universal fighting and constant national emergencies, the directors of the British Homeopathic Society have thought it best to ask all the existing officers to continue their term of service, making as it were one session of two years. Among the others your President renews his duties and can but ask your indulgence to see him lag thus superfluously on the stage after his legitimate part is played. He offers you his heartiest thanks for the honour you do to him, and remembering how kindly you treated him last session he is emboldened to do his best for you once more. It is not easy with our scanty numbers and urgent labours to keep our Society's flag flying, but as far as he can your President will take his utmost If you murmur that he might have spared you a second Presidential address, he must throw the blame partly on to secretaries sufficiently taxed to fulfil their engagements as it is and only too willing that the President should take one evening off their hands. you shall be as little penalised as may be on this You have done me great honour, I will in occasion. return weary you for but a little while. My address

*The Presidential Address read to the British Homocopathic Society, October 5th, 1916.



is in a certain sense a development of that of last year, and you must forgive me any repetitions that I have used for greater clearness.

Since last October our cause has sustained losses. The years never fail to lay their tribute on human societies and we mourn deaths in the North and the South, rejoicing, however, that both Dr. Hilbers and Lieutenant-Colonel Ellis were able in long and wellspent lives to give royally of skill and energy, gifts of learning, foresight and courageous endeavour, leaving us all the richer for their time of living. In America, Dr. Gregg Custis, one of the most honoured and attractive figures of the 1911 Congress of happy memories, has ended a brave and distinguished career, and Dr. James Tyler Kent has gone, leaving a notable gap in our ranks. He is assured of a place among the most honoured followers of Hahnemann, and the controversies which his work has roused are a tribute to the force and vigour of his teaching. As befitted his faith he followed ever the path of clinical experiment, and has broadened and smoothed into a roadway the track which the master Hahnemann drove through the uncharted wilderness. We best honour the great by the endeavour to blow to a flame any sparks of their spirit that we may find in ourselves, rather than by blind adherence to formulas which were used by the pioneers as aids but should not become crutches for their disciples. Test all things, hold fast to the good, is the only formula that honours master and follower worthily. The year's toll to death then of Homeopathy is of great quality but mercifully small and all of it has left to us ripe achievement and promise fulfilled; but I cannot turn to our Society's work without a word on that dreadful harvest of lives reaped and alas! yet to be reaped on fields of war. Here are dead and dying the promise of youth, the early achievement of manhood, the hope of years to come, and over them love and care, dreams and visions, seem to burn to ashes of despair. Bravely, with a gay courage which it were almost impertinent to praise, with an assured confidence in their cause which glows like flame, the flower of manhood goes down into the pit of hell

whence the nations must emerge maimed and scarred. There is no one to whom this horror of death and wounds does not come near, no one whom this terror of night and day for loved ones in danger does not oppress; and we here, partners in our nation's sorrow, have losses to mourn and losses to fear that make the heart ache beyond the power of consoling. The lads give their all—we, the older and the slower, see our heart's treasures of life thrown to pay the price of peace and freedom. Of each dead valiant soldier we can say in the noblest words ever written of the untimely dying:—

He has outsoared the shadow of our night,
Envy and Calumny and Hate and Pain,
And that unrest which men miscall delight,
Can touch him not nor torture him again.
From the contagion of the world's slow stain
He is secure, and now can never mourn
A heart grown cold, a head grown grey in vain,
Nor, when the spirit's self has ceased to burn,
With sparkless ashes load an unlamented urn.

And in that knowledge and belief we find what solace we may.

Not only now as members of a small society, but as citizens, sharers of a nation's cause, we will uplift our hearts out of sorrow:—

Master, what of the night? Child, night is not at all Anywhere fallen or to fall Save in our star-stricken eyes.

Forth from our eyes it takes to flight. Look we but once, nor before, Nor behind, but straight on the skies: Night is not then any more.

Our work is and must ever be to struggle against disease and death. Therefore, in the many adjustments of civil life that war has proved to be necessary we, at least, have but to pursue our customary duties though with more energy it may be and perhaps, in new ways. Thus I need make no apology for turning from the great emergency that faces us all to our particular work. Probably the better we do our own work the more surely we help the cause to which we would devote ourselves. And, as specialists in therapeutics,

we have our own unique duty to foster our own knowledge, to extend it if we can. The last twelve months has shown the beginning of a movement that may prove of vital consequence to us as homeopathists and I must not let this occasion pass without alluding to it. many of you probably know there has been a considerable stirring of late in America, public and professional, with regard to the relations of the homœopathic and the dominant schools. Since in the United States homeopathists are too big a body to be ignored as in Europe, the dominant school would gladly absorb them if the price were not too high for their pride and, on the other hand, the lesser numbers of the homoeopathists and the special difficulties of a minority combine to make it far from easy for their schools to maintain the level of excellence which they have certainly attained, and of which they are rightly proud, but which is also the chief condition of continued existence. Where both sides have reason for ultimate agreement we always find familiar symptoms of the approaching compromise—violent attacks on each other, violent protestations that no compromise is possible, and quiet attempts all the time at accom- \mathbf{and} reconciliations. modations Now the University of California has established two additional chairs of teaching, one for homocopathic materia medica, one for applied homeopathy. Both the professors who hold these posts are, and will be, in all respects on an equal footing with their colleagues of the dominant school and supplied with the necessary opportunities for clinical demonstrations. In return. the distinctively homeopathic school of San Francisco closes its doors. Here therefore is obvious gain and The latter is slightly accentuated by the obvious loss. fact that the homœopathic courses are Only time will show if they attract students. If they do, then the gain in prestige for Homocopathy in becoming a recognised special subject of a University career far outweighs in my judgment the immediate When I say that Dr. William Boericke has already begun his work as Professor of Materia Medica. you will perceive both that this experiment has got



beyond the talking stage and that it could hardly start under fairer auspices. The other chair is shortly to be filled. Now, clearly, if this Western experiment succeeds, similar compromises are likely to occur more to the East, and it is certain that the general establishment of chairs of homeopathic therapeutics in American Schools must react on the prejudices of Europe, and our long years of ostracism may conceivably find a term. In that hope we may well look to California with the deepest interest and concern.

This event which I have described to you is no mere addition of an item to my Presidential sermon. vital part of it. For if there is any chance (however small) of more general recognition of homeopathy, every believer in it must labour harder than ever to improve its armoury. We are practical men holding a practical faith and have rightly been in the main content hitherto to say of our own law," Explain it how you will, it works." Patients and doctors are naturally more interested in recoveries than in reasons, but we are, or should be, also filled with scientific curiosity, restless in the presence of the unknown, slow to admit anything as unknowable, however long and steep the path to knowledge. In this capacity we must seek to understand what we do and the more shrewdly we can suggest explanations of our success in following Hahnemann's recommendation, the more likely are scientific men to listen to us. We must never forget that our guesses, however shrewd, must remain perhaps for years no more than guesses. Woe to us if we were to set them up as dogmas! But the mind that mechanically follows a precept and never looks behind it, may have its value in some professions and may have worldly success in medicine, but does nothing for There should be none such the cause or for the future. here.

Moreover, as the rule of homeopathy is a clinical rule, established by clinical experiment, it will be from the bedside and the clinician that the proof or disproof of our theoretical explanations will come. Nay! even the raw material for theoretical explanations. We may pray in aid pathologist and physiologist—indeed we

must; but they can only help our work not do it for There is not a physician who may not at any moment have a case to treat, the course of which may not throw light on our obscure problems. If such a physician is unthinking of the problems or careless of possible explanations, he may cure his case but miss a reward that would enrich the world. In every mind there should be sparks of curiosity, guesses at truth only waiting for a chance wind of experience to blow to flame. But what censure is too grave for the mind that quenches the spark, or, worse, kindles no torch from the sudden fire? If I may scatter a spark or two in your minds to-night I am well repaid for my effort and you for your patience. To many all I can say will be already familiar. They must forgive my insistence and even for them a reminder may be timely. lack of intelligence but inertia of will is the bane of all striving. Who knows the poison better than I? So let me speak not as preacher but as fellow-listener to thoughts that cannot be too often repeated or pondered

"Treat likes with likes." That we believe leads to practical success; but why, why, why? Hahnemann suggested that the drug disease induced by the remedy overcame the pre-existing natural disease, having rightly noted how rarely two diseases occur simultaneously. But his explanation seems inadequate. is difficult to conceive how one or two doses of a remedy can induce a drug disease in the sick even though their special sensitiveness is granted, when repeated large doses are needed to produce symptoms in the healthy, and difficult to realise why the drug disease should prove more potent than the pre-existing disease. Actually, however Hahnemann was endeavouring to formulate a conception which in his day could not be accurately expressed for lack of sufficient knowledge. As far as I can read his thought, his conception was not far removed from that which has led Professor Schulz to a practice almost identical with that of Hahnemann's earlier days of Homœopathy; a similar conception is at the back of Trousseau's famous substitution theory and the other ways of regarding drug action which have



more than once unconsciously suggested Homœopathy. Schulz's doctrine is the best grounded of these explanations. So I will take it as the type. It is no doubt familiar to you. I myself have insisted upon it in season and out of season, till the name of Hugo Schulz must have seemed to my hearers to be for me what King Charles's head was for Mr. Dick; but I will venture to state it once more. It is founded on Arndt's law of reactions to stimuli, a biological law of universal acceptance, to the effect that stimuli which damage protoplasm in relatively large doses, encourage its life activity in relatively small doses.

Provings on the healthy (eagerly pursued by Schulz) discover what cells and groups of cells can be damaged by certain drugs, then when these cell groups give evidence by symptoms that they are attacked by disease, small doses of the "similar" drugs are given to encourage the life activity of the struggling cells and so relieve the patient. The law of Weigert, which declares that the biological response to stimulus tends to be in excess of immediate requirements (as, for instance, a dose of diphtheria toxin causes the production of far more antitoxin than is necessary to neutralise it), can also be invoked to explain the lasting effect of even one dose or a few doses of a remedy.

Thus these biological conceptions lead to homœopathic practice, and we do well to bring them into prominence. The conception of Schulz helps to explain many phenomena of cure. Whenever one organ or tissue is predominantly attacked, in such diseases as gastritis, or colitis or pneumonia, we may even say in acute diseases in general, where we can usually observe the brunt of the battle falling upon specific tissues, in all these cases it is readily conceivable that the similar remedy directly encourages the life activity of the struggling cells. We all know now that only through the channels of natural resistance can drugs work effectively, but, as these resistances are all at last dependent on cell activities, we can conceive of our remedies as encouraging these activities. This view would also make it more comprehensible why it is so largely possible to have almost routine remedies for acute diseases. We should say, "In these diseases there is always a marked and definite tissue involvement. The routine drugs are marked and definite stimulators of those tissues."

There is a subsidiary difficulty which we may glance at. Phosphorus is frequently helpful in lobar pneumonia, and Phosphorus can definitely attack lung tissue thereby conforming to Schulz's rule. But Phosphorus given to the healthy falls far more heavily on the liver than on the lungs, and, as I have heard an objector say: "A case of phosphorus poisoning is not much like an ordinary case of pneumonia." counter this attack by pointing out the admitted fact that diseased cells are more sensitive than healthy cells. Where all cells are healthy, as presumably in a prover, the liver cells have a greater tendency than the lung cells to be affected by *Phosphorus*. But lung cells have some tendency that way, and diseased (therefore sensitive) lung cells will have that quality so increased that it surpasses the "pull" of healthy liver cells and in pneumonia the lung cells will be the first to take up the drug. This may be true: it is at least plausible. Apart from acute diseases, demonstrable tissue diseases, there remain what Compton Burnett called organ diseases, which are capable of using the Schulz explanation of drug action. It is quite unquestionable that the relation of certain drugs to certain organs is definite and close. The respective effects of Chelidonium on the liver, of Digitalis on the heart, probably of Ceanothus on the spleen, may be cited as instances. Rademacher borrowed the conception of remedies avowedly from Paracelsus. That great genius without a doubt grasped the principle of curing like with like. It is said that he even wanted, in the absence of a better pathology in the sixteenth century, to call diseases by the names of their appropriate remedies—the arsenical, the mercurial disease and so on—and it is clear that the remedy was chosen from the similarity between its effects on the healthy and the symptoms of the disease. Unfortunately the mystical, symbolical, cryptic language of Paracelsus, combined with the contemporary lack of definite

knowledge which even his restless activity could not discover in his short lifetime, have together rendered his work little fruitful for our time. He failed to hit on the Hahnemannian method of "proving." Though not the invention of Hahnemann, it became in a real sense his possession, and may perhaps be the most abiding in some ways of all his mighty gifts. Whatever comes to his conceptions the method of proving has promise of even greater rewards that it has yet given. If only the profession as a whole would adopt it and bring to its use all the resources of modern investigation, we should see such a forward bound in the practice of our art as might well make our hearts rejoice. Meantime let us do what we can in this way, and encourage the gallant efforts of our American colleagues whose greater facilities are being worthily used to this end.

To return to our subject. Burnett, following Rademacher and Paracelsus, achieved striking results. "organ" treatment has received less attention than it deserves, though the Schüssler system has certain analogies to it. It is not, of course, homoeopathic in a fine or detailed sense. Given a manifest disease overwhelmingly affecting one organ, a remedy is chosen that overwhelmingly is attracted to that organ. It is a homoeopathic remedy in so far as it affects the same tissue, and it may be conceived that it gives a general stimulus to the cells of the diseased organ and so benefits the patient. Certain methods of the dominant school present analogies and they may be summed up in the saying of the slave in the Latin comedy—" When things are mixed, it is well to mix them a little more.' Behind the question-begging but orthodox adjective, "alterative," we may, if we will, detect the Schulzian explanation of the local stimulus.

Note that physiologically the name "stimulus" may be used of an agency that restrains over-activity as well as of one that encourages under-activity. The cure of disease consists as often in doing the one as the other, but the Schulz formula would equally apply. I want presently to say a word or two upon primary and secondary drug actions, which may perhaps have a

value in regard to this aspect of the question. then the Schulz explanation may be regarded as at least moderately satisfactory. It is founded on unquestionable biological truths and it can lead (as Schulz has shown) to a practice which avowed homeopathists can well praise. Indeed the customary use of the lower dilutions, broadly speaking, follows this conception, which again accords well with the teaching of Dr. Hughes of famous memory. Organ remedies unquestionably need to be given in low potencies and mother tinctures. Their use forms a link in America with the Eclectic School. Most of us would admit that the action of the higher potencies is conditioned by great This is not aimed at by tissue or accuracy of choice. organ remedies, avowedly used as simplifications of the doctor's task. Their users would contend that to get on to the target is to score something even if less than a bull's-eye. The high potency either hits the bull or misses it altogether, the low potency has a greater chance of at least hitting the target. Similarly the undoubted action of the Quinton plasma in some cases might be labelled a tissue polypharmacy—the diseased tissues taking from the multitude of drugs supplied that or those which they need, while the superfluous ones fail to do harm from the fact that they fall so closely into line with the natural resources of the body.

Before leaving the Schulzian explanation of drug action as tissue stimulation, I would like to hint to the surgeons that the local effect of antiseptics is always considered in terms of power to kill bacteria, never in terms of power to stimulate tissues. Yet as all antiseptics are violent protoplasmic poisons they must by Arndt's law be also protoplasmic stimulants in more dilute solutions and there may be some value in them from this point of view. In wounds I suppose they are usually of too great strength to do more than depress vital activity and in irrigations for gonorrhea, for instance, this aspect is of great importance. But consider the therapy much lauded by many physicians of such drugs as Urotropin. This drug sets free formaldehyde in the urinary tract and elsewhere, and is thereby held to disinfect areas, and cause the cure of

bacterial infections. Frequently it seems to do good. But remembering the futility (experimentally proved) of attempts to disinfect the alimentary canal (a relatively accessible tract) by drugs, is it credible that formalin is ever sufficiently concentrated in the urinary apparatus to disinfect it? Is it not far more probable that the formalin acts as a tissue stimulant and that the improvement (if any) is a secondary and not an immediate effect of its use? The problem is of course analogous to that of the effects of the "great steri-Salvarsan, Quinine, Emetine, these are the sheet-anchors of the Ehrlich therapeutic method and are undeniably most valuable drugs. Administered intravenously it is more than probable that they do a certain amount of direct killing of parasites. But they all of them affect the body tissues profoundly. Is it not possible that they too have an effect on body resistance processes surpassing their direct parasiticidal As we shall presently see the similar remedies do seem to be able to affect body resistance and all these remedies are similar. Arsenic is often at any rate homeopathic to syphilis, Ouinine to malaria, *Emetine* (or at least *Ipecacuanha*) to dysentery; care lest the disease be aggravated by this last has This surely is significant. been definitely enjoined. Besides, all these drugs sometimes fail. If they are purely parasiticidal why should they ever fail? If, however, their effect is indirect they are working through so complicated a mechanism that possibilities of failure are multiplied. Wesselhoeft has shown that Ouinine outside the body has little or no parasiticidal effect on malaria germs in any concentrations comparable to those presumably produced even by large doses of the drug. This is good work and should be followed up and extended. Emetine has deservedly into favour as a remedy for hæmorrhages of most diverse tissues. Are all these actions parasiticidal? Most improbably; and once more homeopathists quietly mention that they have known of the power of *Ipecac*. to control hæmorrhage ever since it was proved. More than that they know what kind of hæmorrhage it will control and when other remedies

should be sought. I heard the late Sir T. Lauder Brunton say once that while he had often cured constipation with half minim doses of *Tinct. opii.*, he never knew when the remedy would help. But we could have told him if he would but have listened. Similarly we can fix the sphere of *Emetine* for hæmorrhages. While therefore the theory of the direct sterilisation must be considered it has clearly far to go before the final demonstration of its truth.

However, there are uncomfortable problems which come to prevent our acceptance of the Schulz solution as a complete explanation of all drug action; yet I am willing to say for the present that it may be a valid explanation of some of our successes. Now consider further for awhile.

We have come to realise, thanks to the bacteriologists, that any attack on the body is met by a definite and appropriate defence. The invasion attacks this or that tissue, but the defence, following the soundest of military maxims, directs its effort against the invading armies wherever they are. Phagocytosis and its accompanying lysins, opsonins, agglutinins, &c., are all antibacterial measures not tissue stimulants. bacterial diseases however the medical profession is confident of its ability to help. Vaccine therapy is a drug therapy though its ingredients are germ tissues and not plant tissues or mineral substances. Vaccines are directed entirely towards encouraging defences. It is at present a confidently asserted dogma that each vaccine is specific, encouraging the defence which is normal against the germ from which it is manufactured. I will not labour the point (usually conceded more or less grudgingly) of the homoeopathicity of vaccines themselves, but we as homœopathic prescribers give our indicated remedies in bacterial diseases as well as or in place of vaccines and believe that we do well so to do. But what is it that we expect to do by administering them? our remedies stand aside from the battle of bacterium and leucocyte and aid by stimulating the tissues attacked—acting, shall we say? rather as the Red Cross Service does in warfare—or do they join in the



fight as combatants? In the first case the explanation of their action would be the Schulzian explanation previously expounded. Quite conceivably this effect is produced but demonstrably it is not the sole effect. Wherever any measurements are possible of the body defences, evidence accumulates that the similar remedy influences this mechanism of antibody produc-Baptisia increases agglutinating power to Bacillus tpyhosus, Phosphorus affects the opsonic index to tubercle, Hepar sulph. and Echinacea the index to staphylococcus, Silicea causes a leucocytosis, Arsenic and Quinine affect phagocytosis in general. This is all experimental evidence and requires extension and ' in some instances confirmation, but its amount accumulates and points in one direction. But it renders more uncertain the belief in vaccine specificity. unquestionable increase in resistance that takes place even in untreated cases is explained as the result of response to the invading bacteria: general hygienic measures might be expected to place the body in more favourable conditions for antibody production without inducing specific responses, and exercise in chronic tuberculous infections or massage of affected parts can both be held to be measures of auto-inoculation. that drugs other than vaccines should affect the specific resistance mechanism is a proposition difficult of acceptance for most bacteriologists. However, closer investigation shows that the foundations of belief in vaccine specificity are already shaken. Experiments showing the effect of yeast on resistance to germs of suppuration have been made by members of the dominant school and much more significant is the fact that a vaccine given against one germ seems frequently to affect the resistance to others, inaugurating as it were a certain general response as well as the particular effect always present and usually much more marked. Clinically we are aware that one intercurrent disease does now and then markedly affect a more chronic Hahnemann noted this: it is the basis of Coley's treatment for sarcoma and the disappearance, for instance, of cystitis after influenza has been observed. It is therefore fair to say that in so far as our drug.



experiments show results in power to affect antibody production they are not to be at once dismissed on that ground. Rather do they add something to the mass of other evidence which is accumulating.

Taking these drug experiments for valid then we can see that the power of cure in some of our agents may lie in their ability to increase definite resistances. But, again, is this to be presumed to show close resemblance between disease toxin and drug so that each will affect the body similarly? A vaccine has undoubted close affinities to the toxin; but is Baptisia, for instance, similar to typhoid toxin? Where the drug tincture is complicated chemically as vegetable tinctures are, a negative answer cannot be peremptorily given. But is it conceivable that an elemental remedy like Phosphorus or a simple compound like Sulphide of Calcium can be closely comparable to a toxin? We must find a better answer to the problem. Here is a hint. Some forms of *Phosphorus* appear to encourage the formation in the body of a lipolytic ferment attacking fat. tubercle bacillus is said to have a fatty envelope of protection. Is the remedial action of Phosphorus by way of this mechanism, indirectly causing the destruction of the protection of the tubercle bacillus, shelling the trenches as it were (how horribly all our metaphors nowadays turn on war), leaving them exposed to the phagocytic attack? Though phagocytosis is not, I believe, held to be a very essential part of the anti-tubercular defences, this explanation would also account for the effects of *Phosphorus* on the opsonic index to tubercle. But if, remembering all foregoing statements, we follow this clue, we are led to some such general conception of body resistance as this. There is a general mechanism of defence valid against all bacterial diseases. Specific bacteria may require (probably usually do require) specific additions or modifications, but the general mechanism is central and responsive. The additions or modifications will depend on a variety of ferments or hormones, and these again will be produced by a variety of tissues, upon which conceivably remedies act, as we may imagine Baptisia to influence the cells that produce typhosus agglutinins.



But the chemically simpler remedies probably are concerned with the tissues that manufacture the general resistance bodies common to all infections; and these will almost certainly be found to be wholly or partly the larger ductless glands. Here, again, there are probably several tissues concerned. We associate diabetes with certain pancreatic deficiencies, and note that there is in that disease a simultaneous lack of resistance to ordinary germs of suppuration; but we need not suppose, therefore, that pancreas alone is concerned with the antibodies for these germs. important point is that the moment we recognise that antibodies are probably the result of the activities of definite tissues, our existing knowledge of drug tissue affinities makes easy the conception of influence exerted by the drugs upon the cells. We are, in fact, after setting it aside to begin with, back at the Schulzian formula of tissue stimulation and can now see how our remedies may influence by this channel apparently complicated processes of body resistance. The similarity of symptoms between drug-proving and disease is still puzzling. Perhaps many disease symptoms are (as has often been suggested) really body resistance symptoms, necessary concomitants, though perhaps not always desirable ones, of increased antibody production. The appropriate military metaphor would be the need to destroy one's own villages by artillery if occupied by the enemy. If this be so then the drug given to the prover, increasing antibody production, might bring about symptoms to correspond, the more readily that the increased antibody is not in this case wanted.

We know beforehand that we have drugs that will affect some internal secretions. Iodine certainly acts on thyroid, Platinum probably on ovarian tissue, Chelidonium, and many others on liver and so forth. But as soon as we grasp the conception that we may be able to influence internal secretions we find also that we are claiming to influence one of the most profound in all life mechanisms. Whatever the future has in store for us in medicine it is a safe prophecy that an increasing knowledge of these secretions will be a large part of our gains and if the ghost of Edward Blake could revisit

the glimpses of the moon he might well smile at the memory of his pioneer work and the neglect, even the occasional scorn, that greeted it.

In so complex a way do these secretions act and interact that the power to increase or decrease one or other, if we can be assured of it, means the power to deal most profoundly with disease. The Schulzian law shows the way to influence tissue, the Hahnemannian method shows the way to discover tissue relations to drugs. Here there is a road for us to explore. Future provings should always be considered from the point of view of possible effects on ductless glands, but until some method of measuring them relatively is devised we cannot get very far with direct experiment. Bloodpressure is, no doubt, related to adrenalin supply, but it would be unsafe to conclude at this stage of our knowledge that it could be taken as an index to its relative abundance or deficiency. That hint, however, suggests the kind of investigation that may become increasingly important. But even with the material at present at our disposal there is much work to be done. Drugs that affect internal secretions thereby affect a machinery so central and important that they must tend to be characterised by well-marked "general" symptoms as distinguished from "particular" ones. It can hardly be doubted that the line of attack of the chronic disease remedies is along this road. Consider first what complexes of symptoms will clear up in successful cases after the use of one remedy, and consider next the extraordinary phenomenon (for it is no less) that drug and disease should develop often quite a number of similar curious, inexplicable symptoms; consider why the occurrence of one or two among these "queer" symptoms, characteristic, say, of Sulphur, should nearly always be accompanied by several other sulphur symptoms, till we are forced to conclude that there is a central mechanism from which this complex of symptoms, queer and not queer alike proceeds. Then what can this central mechanism, be but that of the interlocking internal secretions? But if we are right in this assumption, then we should at once take the well-marked classical symptoms both



of excess and deficiency of secretion for such ductless glands as we can and work them out symptomatically for remedies. Those that came out well might be for working purposes assumed to influence the corresponding glands fairly enough to be used as a basis for further experiment. In working out these hypothetical cases there would be as much or more value in the minor excesses or deficiencies as in the major and symptoms of both should be considered. A beginning has been made in this work I understand by a distinguished Belgian homeopathist, Dr. Mersch, who honours our country at this moment by his work, but it is as yet unpublished. If I am rightly informed what he has done is significant and full of promise.

While on this theme may we not find in the muchdiscussed modalities a valuable line of research? we relate these reactions to heat and cold, and wet and dry to this internal secretion balance and interplay? Remembering Loeb's work on Ecology, and the stress he lays on external conditions as affecting evolutionary species development, may we not consider that excesses or deficiencies of heat and cold and moisture have all had to be met and countered by the species and that there must be a mechanism for meeting them individually. And for such resistances we are driven finally to invoke these hormone mechanisms even though their mode of action is so largely unknown. If this be a sound conception then failure or excess of secretion might show in exaggeration of response to one or other of these external conditions. Certainly deficient thyroid patients tend to the chilliness characteristic of Calcarea or Arsenic and excessive thyroid patients to the dislike of heat characteristic of Lachesis, or Sulphur or Iodine.

Thus, by a roundabout road we return to the tissue response to stimuli as the best explanation of the action of our remedies—whether by way of direct local action on a tissue struggling with disease or by way of influence on the amount or quality of an internal secretion which is the secretion of a tissue and affected through the cells of that tissue and the influences thereon. Nor would it be fair to call this speculation the explanation of the unknown by the more unknown. Arndt's law of proto-

plasmic reaction is a fact. The relations of drugs to tissues are facts, the influences of internal secretions are facts. The latter need infinite expansion and clarification, but our speculation does no more than link in a causal chain groups of undoubted realities, and for the many gaps and doubtful and difficult places we look to time and laborious experiment and observation. Last, but by no means least to clinical observation and record of cases, and this every physician can give if he will.

I amuse myself by thinking that in this speculative explanation I make a road of reconciliation for Dr. Hughes and Dr. Kent. If Dr. Kent was really seeking in chronic diseases for remedies to stimulate gland tissues (and he may have been doing that, however rightly he rejected morbid anatomy, as we as yet know it, as a guide), then he was no less than Dr. Hughes founding his choice of remedy on its effect on a specific tissue. Dr. Hughes was right in his idea but too early in its application. Behind the inflamed lung we read a lowered resistance to pneumococcus. Behind the lowered resistance we have come to read a humoral defect, and behind that it may be a glandular defect and give, like Hughes, a remedy based on a regional pathology, but now a pathology sublimated and extended; and Dr. Kent's showing that there was more in Homeopathy than mere dependence on gross morbid anatomy may have shown the road to the more sublimated conceptions. And high or low potencies may here find their explanations too. When we are dealing with direct stimulations of diseased tissues we shall need lower potencies, but the higher may well be enough to touch the gland which controls possibly a morbid state of extraordinary apparent complexity: and if it is enough then it is best, for why give more than enough, even though, as William Blake put it of more spiritual concerns, you cannot know what is enough unless you know what is more than enough.

In any clinical work done henceforward we want more and more records of the effects of our drugs on the measurable reactions. Agglutinations, opsonic measurements, coagulation times, Wassermann reactions, blood-pressure records, out of the accumula-



tion of these will come much of the material by which to answer." Yes" or "No" to these tentative speculations, and if "No," then the work so done may well at once suggest a more profitable theory. Our views are only true in so far as they "work" and such medical pragmatism is, I hold, praiseworthy.

I have not, however, quite done with the subject of drug action yet. When we come to look for remedies that correspond to excess or deficiency of internal secretions we may find paradoxically that the same drug is "similar" both to excess and to deficiency. We shall, that is to say, be "up against" the familiar but always puzzling phenomena of primary and secondary actions. To make any plausible explanation of them we have to consider no longer the tissue but the cell, the protoplasmic unit, and consider once again the phenomena of stimuli and responses to stimuli. Stimuli, we say, "influence life activity"; the life activity finds its expression in a characteristic fulfilment of function; cells are specialised to secrete or contract or support or conduct impulses or whatever it may be. All functions fulfilled are evidences of life activity, and the stimulus that reaches any cell shows its effect by modifying the specific cell duty, not by imposing a new duty on it. When we probe further into mechanisms we find that, speaking very summarily, the life of a cell consists in a continual chemical building up of some substance and the periodical breaking down of it to ensure, it may be a muscular contraction or a gland secretion. fundamental conception of life is, of course a perpetual flux, a ceaseless building up and breaking down, so that protoplasm is constantly becoming and being remade, and this is true of all protoplasm, but in addition, as it were, specific cells have specific functions, and the fulfilment of these means a chemical upbuilding and a periodical "discharge." Now either half of this duty can be affected by disease and cells may either build up persistently and be unable to let loose the product, or break down so violently that there is no longer (as is usual in health) any reserve of material, and the very existence of the cell becomes threatened by the effort to keep pace with the breaking-down process.



In either case we have a disturbance of function; but what is at first sight odd is that the same remedial agent should be capable now of restraining excess now of encouraging the cell to make good a deficiency. In the provings we note these primary and secondary effects and readily explain them there as, shall we say, "exhaustion phenomena," diarrhœa followed by constipation, tonic spasm by paresis, and so on. disease shows primary symptoms or secondary symptoms if the indications are good the drug will cure, and that not by substituting one set of symptoms for the other, which would be no real cure, but by a return from either extreme to the normal. It has been suggested that primary and secondary symptoms should be met by different potencies, but in my experience I cannot find evidence of a guiding rule of this kind to follow, and have come to believe that when well-marked symptoms are present the drug may be successful in any potency under whichever heading the symptoms fall. I find more illumination in remembering the phenomena of fermentation. Ferments are of intense interest to the homeopathist; they act in infinitesimal quantities, they produce remarkable effects with little apparent expenditure of energy, and they are reversible in their Yeast can not only break sugar into alcohol and CO₂, but synthesise sugar out of alcohol and CO₂.

Now cell activities are almost certainly largely conditioned by ferments, at least it is no strain on scientific imagination to conceive of activators of body processes of this kind. Where these activators came from we will leave undetermined. Sometimes at least they come from ductless glands, perhaps always; but taking their place of origin as undecided, let us conceive of them as governing that process of building up and breaking down in cells which we find to be the invariable concomitant of their life. Having got so far, it is a short step in view of the characteristic reversibility of ferments, to conclude that one ferment (and not two) regulates this life activity, and to believe that the drug that causes modification of the activity (thus producing symptoms) does so by affecting the amount and quality of the ferment. Does the drug itself act as ferment?



Conceivably, yes. The phenomena that follow the use of colloid metals for instance suggest many analogies to ferment action and in chemical reactions colloid metals can now and then act in a similar way. But the ferment must naturally be produced somewhere, and the drug may have its action at the source of production.

For the moment it matters not to leave this point also undetermined. Given cell activity and a ferment to regulate it in health we can figure the process as a pendulum swinging rhythmically to and fro and not surpassing a certain point either way. By disease the pendulum may be pushed too far to one side, but whichever side it inclines to the fault lies in the one ferment, the pendulum itself, and a remedy which by the hypothesis affects the ferment may avail to correct the dis-Pursuing the analogy—the pendulum (the ferment) is caught to one side and unable to swing as it should. The drug taps the pendulum and loosens it from its catch, whereon with a little perturbation it returns to its normal swing; and the drug will tap it whichever side it is caught on, for all it does is, as it were, to tap the pendulum, and the results of the tapping depend on the precedent condition. The analogy may be conveniently used to illustrate aggravation when the pendulum is tapped too hard and driven further into the hindrance to its movement and the need of care in repetition of the dose, for once the pendulum is free it returns readily to its normal swing and is none the better for further interference. In a proving the pendulum is knocked excessively far, first one way and then the other, beginning probably with an exaggeration of the movement that corresponds to the breaking down process, for it is in the breaking down that the life finds its expression, and all life responds to stimuli with more expression when it can.

This is true psychically as well as physically, and modern psychology finds much fruitful development from the consideration of psychical and mental "opposites." Indeed modern psychology should find much that is helpful in Homœopathy, and we ourselves should learn much from the conclusions and speculations of

the psychologists.



One further word and I will make an end. fluence of a drug on a cell, even when remedial, does (it must never be forgotten) add no whit to the life force of the cell. All drugs are cell poisons, modifying cell activity, thereby promoting recovery from disease, but at a cost in cell life that has to be paid out of life reserves and made good subsequently. When I was experimenting with yeast and the effects of drugs on it, I found that yeast which was stimulated by drugs to greater CO₂ production multiplied actually less quickly than yeast not so stimulated, although its obvious life activity seemed greater. The drug effect was at the expense of the protoplasmic increase. These experiments need repetition and further development, for with bacterial growth I seemed to get an actual increase in rate of multiplication by small doses of poison. theless, I think the yeast experiments probably hold a truer analogy to the cells of our bodies. We therefore in disease should use the very smallest quantities of drugs that will serve our turn, for with every drug we are making demands on the bank of life. In all curable ' disease there is a sum at this bank upon which we can draw to meet an emergency and successful treatment often consists in so drawing. But the payment is not a gift but an advance, a debt to be repaid, therefore should we draw as little as possible.

On a narrow foundation of knowledge I have erected a cloudy building of speculation whose chief (or only) value lies in the more vivid realisation of the basic facts on which it rests. But experiment and observation can widen the foundations and deepen them till a more solid superstructure is possible than this speculative one of Observation and clinical experiment is within the reach of us all, and I hope that at least I may have encouraged this Society to give what it can of both. the first reward of our new efforts be to upset my tentative suggestions nothing will be hurt but my vanity, and I would gladly sacrifice even my vanity to gain some significant contributions to our knowledge. need work from men who have a belief in the truth of Homeopathy—we must cultivate our garden even though the majority as yet despise its fruits. There is



no one of our body who has not made definite sacrifices for our common faith. Medical solidarity is not lightly broken by us and we are constantly reminded of the drawbacks and penalties of our position. But if Homeopathy owes us something the debt is by no means all on one side. Do we owe nothing to it? practice has given us weapons for our warfare with disease more potent than we should else have had and by helping us to greater efficiency has no doubt increased our personal prestige, even our worldly And there is value in the backing even of a minority when that minority is, as ours is, inspired by the fraternal feeling that the good of one is the good of Shall we not then pay in a little more labour, a little harder thinking, a little more profound study for these gifts to us of our cause?

It is true that temperaments and capacities differ. I can imagine men, whose honesty and courage are beyond question, saying that in view of the developments of medicine during a hundred years they doubt if Homeopathy adds more than a small fraction to their professional value. If convinced of this, they may well think the price of isolation too high, and if, so thinking, they leave us, we can but wish them God speed. But I am more and more convinced that the man to whose value Homeopathy adds but a small fraction fails to use it as it can be used and is neglecting much of its resources. It has happened that of late we have had some recruits whose experience of orthodox practice (with all its modern resources) has extended over Ask them if they consider that Homœopathy adds but a small percentage to their value as physicians and I have little doubt what answer will be given.

The stout ship of Homœopathy has endured much buffeting of sea and storm and come safely through. Surely we are not deceived in thinking that we see through the haze the harbour where we can unload our treasures with full recognition. To me the men are blind who cannot see the stars in their courses fighting for Homœopathy if not for homœopathists. We may say that the great fleets of the dominant school seem to be taking at last a route much like ours to the haven

which they too desire. They will not bar our entry: that fear is surely ended. They may ignore us, may depreciate our goods, but is that a sound reason for scuttling our ship and salving such fragments of its cargo as we can on some crazy rafts in the hope to pass in with the lordly fleet as part of its real following. Rather let us fly our own flag, bring our own ship to port ourselves, adding our own store to the general welfare, content to let its value be found in the use of it. Rats leave the sinking ship, it is said, but men sail her to the last, and our ship is not even sinking.

We live to-day in a carnival of death, and it is, for greater horror, the young who die. All Europe over, the young are giving not only their courage and devotion, but the fresh vigour of the future, the keen brains, the subtle minds, and the skilled hands that should have carried the art of living—so difficult, so toilsome—a stage further towards completion. the older men, give love and sorrow, memory, hope and faith, and many do and must faint from the giving, but these lads give life, the sap of the world's young leaves, and a premature autumn shakes the boughs of the tree bare. Then we, who cannot now give as the young are giving, "red fruit of our death," can at least offer green leaves of our labour, white flowers of our thought." The efforts to do the work which the generation untimely dying should have done will be hard, perhaps impossible. Strive as we will, the numbing "sclerosis" of bodily tissues, and alas! of mind, lies in wait for us, but we are unworthy of these youths if we do not try and if we make the endeavour in their glad spirit of sacrifice who shall set bounds to our possible rewards?

I remember reading (rightly or wrongly matters little) that the ancient Romans had such a superstitious dread of the words "death" and "dying" that they would rather say of men that they had lived than that they were dead. We smile at the fear, yet what profound wisdom lies hid in it! Death matters terribly to those who are left to mourn love cut down and hopes withered, but for man or woman what is significant is not to die but to have lived. How many of the brave and



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wise, "the flowers of the forest," have spent their lives in one generous outpouring to buy for the world a freer, nobler air! On us lies the burden of the work which they had to relinquish; for us, too, it must some day be said: "They have lived." Shall it not be added—"and to some fine purpose"? It matters nothing that our immediate task lies in a field scorned and neglected. It is not for us to rebel against our allotted duty but rather make of it what fine thing we may. Just because it is neglected our small efforts may some day be known for the greater gain to the world, when man reaches a new height in his struggle upwards.

"Whence looks he on a land Whereon his labour is a carven page, And forth from heritage to heritage Nought writ in sand."

Acute Infectious Jaundice.—F. Trembur and R. Schallert Med. Klin,, April 16, 1916, No. 16, pp. 407-432) remark that the recent discovery of the spirochæte causing Weil's disease was made on the group of cases they now reported in detail, eleven in all, scattered through five months. The illness came on suddenly, with headache, sacral pains, and leaden fatigue in the limbs, soon changing to pains, especially in the calf muscles and thighs. The pains were sometimes so severe that the men cried out, and the muscles were unbearably tender to the lightest touch. The jaundice did not develop until from three to seven days after the onset of symptoms. Vomiting, nose-bleed, mucous diarrhœa, followed by constipation, swelling and redness of the conjunctiva and throat, vertigo and pains in swallowing were other features of some of the cases. An initial rigor was noted in three cases; in the others there was merely a sensation of chilliness before the fever came on. The fever charts show one or more relapses of the fever in some cases; bronchitis was evident in all. Necropsy revealed pneumonia in the one fatal case, and hæmorrhagic erosions and follicular ulceration in the mucosa of the large intestine from the rectum to the ileocæcal valve. The liver was enlarged in all but three and the area of heart dulness was enlarged, the pulse small, rapid and irregular. An operation for gallstones was done in one of the earlier cases, but none were found and the diagnosis was then corrected to Weil's disease. In treatment, stress was laid on food that promoted coagulation of the blood, red wine, gelatine and meat juice jelly. Convalescence was slow. Air cushions were used to prevent bed sores, the position was frequently changed, and the men were urged to "breathe deep." Diuresis was promoted by subcutaneous injections of 0.85 per cent. salt solution.

HOSPITALS AND INSTITUTIONS.

HOULDSWORTH HOSPITAL, GLASGOW.

The report of this institution is for fifteen months up to June, 1916, though for one reason and another our mention of it has been delayed. Revenue has increased and ninety-five new subscribers are noted, an evidence of the appreciation of the work done by Hospital and Dispensaries. The deaths of Mr. James Nasmith, Miss Houldsworth and Mr. James Allan have been severe losses to the cause. One hundred and twenty eight cases were treated in the wards with six deaths; Dispensary attendances reached 6,208. We all congratulate Glasgow on this splendid showing.

SOCIETY'S MEETING.

BRITISH HOMEOPATHIC SOCIETY.

THE Third Meeting of the Session was held on December 7th at 5 p.m. the President in the chair. No fewer than six new candidates were proposed for admission, a gratifying evidence of the energy of the new Secretary, Dr. Weir. Dr. Day showed an interesting case of Scoliosis following Cerebro-spinal Meningitis.

Dr. W. P. Purdom read a valuable and practical paper on "The Sphere of Medicine in Gynæcology." He dealt principally with Dysmenorrhæa, Hæmorrhage and Amenorrhæa. There was a good discussion by Dr. Neatby, Dr. Jagielski, Dr. Burford, Dr. Weir, Dr. Day, and the President and Dr. Purdom replied.



BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.

RECEIPTS FROM 16TH NOVEMBER TO 15TH DECEMBER, 1916.

GENERAL FUND.

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Maintenance and Administration Fund Donation.

C, W. A. Stewart, Esq. I I o

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Wednesday, 20th December.



EXTRACTS.

A CASE OF ARSENIC CANCER.*

A Lecture delivered at the Middlesex Hospital, 1916, by SIR JOHN BLAND-SUTTON, F.R.C.S., Surgeon to the Hospital.

"AUXETICS" is a term applied to chemical and physical agents capable of stimulating epithelial cells to unwonted activity. In pathology the term is more particularly applied to agents that can provoke such changes in epithelium as to predispose them to become cancerous. It has long been known that soot, lime, pitch, tar, arsenic, and caustic soda are auxetics in the stricter sense. To these have been added during the last twenty years x-rays and radio-active substances such as radium. Chronic ulcers caused by burns and scalds are also liable to become cancerous.

Quicklime is indirectly an auxetic; it burns the skin, and chronic ulcers caused in this way sometimes become cancerous. This change has been noticed in scars on the conjunctiva left by lime burns. Davis published some curious evidence connecting lime with cancer of the cheek occurring in the natives of the Phillipine Islands who chew betel nut. This nut is the fruit of the betel palm; slices of the fruit are dried, wrapped with a pellet of lime and an aromatic like cardamoms, or turmeric, in a leaf of the betel vine. This mixture is called buyo. When chewed buyo causes a copious flow of red saliva that dyes the lips and gum, but blackens the teeth. It is supposed to sweeten the breath and stimulate digestion. practice of chewing betel nut is common in the Philippine Islands. Cancer frequently attacks the mucous membrane of the cheeks of men and women who chew buyo. The natives attribute the disease to buyo chewing. Davis considers the lime to be the essential cause. The lime used for buyo is obtained by burning the shells of molluscs.

Some of you may remember that I showed you, about three years ago, a forearm amputated on account of an

*From The British Medical Journal.



extensive cancerous ulcer. The man, aged sixty-nine, to whom the arm belonged, was employed to wash telegraph cups in a solution of caustic soda. One day he splashed his arm with the solution, and this caused an ulcer; it never healed. Two years afterwards he came to the hospital with a typical cancerous ulcer, enlarged lymph nodes at the bend of the elbow and in the axilla. The lymphatics along the median basilic vein were so permeated with cancer that I dissected them out like solid cords. On microscopic examination, the tissue around the edge of the ulcer had the usual characters of squamous celled cancer and a lymph node from the bend of the elbow was stuffed with similar material.

The dermatitis caused by x-rays and radium is, in essence, a chronic ulcer, and, like chronic cutaneous ulcers in general, becomes, by slow and insensible stages, cancerous. As a result of x-ray treatment a rodent ulcer may become transformed into a squamous celled ulcer. A woman, aged fifty, under my care had an ulcer involving the skin of the lower eyelid. ulcer was excised and examined microscopically; the appearances were those characteristic of a rodent ulcer. A year later ulceration recurred, and received energetic x-ray treatment for two years. The appearance of the ulcer changed; its edges became raised and The x-ray officer became dissatisfied, and asked me to excise the ulcer. This was done, and on examination the new ulcer presented the characters of squamous celled cancer. Other surgeons have had similar experience.

I chose this subject for the lecture to-day because of a chance that enables me to show you an unusual example of what is called arsenic cancer.

A woman, aged sixty, came under my care in the hospital with a large ulcer just below the left knee; It had the usual signs of cancer of the skin. In shape and position the ulcer so resembled a patch of psoriasis that I instinctively uncovered the right leg to see if there were any patches of psoriasis. The scaly, onion-like patches peculiar to this disease were present on her legs and elbows. The following story was elicited.

For thirty years she had suffered from psoriasis, and during this period taken more or less continuously arsenic in the form of liquor arsenicalis. In 1913, a pimple appeared at the lower border of a scaly patch on the skin, just below the patella. This pimple gradually became an ulcer that was frequently scraped and cauterised. In spite of this treatment it increased in size; in 1916, when she came under my care, it had become a typical cancerous ulcer as big as the palm. There were enlarged lymph nodes in the groin. On August 23rd, I removed the lymph nodes from the groin, ligatured the common femoral artery, resected the upper two inches of the internal saphena vein at its junction with the femoral vein, and amputated the limb through the middle of the thigh.

Tissues from the edges of the ulcer had the microscopic characters of squamous celled cancer, but there were no cell nests. The big lymph nodes from the groin were examined and found free from cancer, but they showed the changes common to nodes enlarged from septic infection. The patient made a quick and

satisfactory recovery after the amputation.

Cancer of the skin covering the trunk is unusual, but it is common on the skin of the face and limbs, and always arises in some pre-existing lesion, especially a chronic ulcer. In the case of arsenic cancer, the order of events is somewhat in this style: Arsenic taken internally for a long time—years—leads to thickening (keratosis) of the skin, especially on the palms and soles. These thickenings crack and allow bacteria to enter and infect the skin; in rare instances these chronic linear ulcers become cancerous. Psoriasis is an intractable skin disease for which arsenic, especially in the form of liquor arsenicalis, was regarded as a specific.

A remarkable case has been reported in which a cancerous ulcer appeared in a patch of psoriasis on the skin of a finger under a wedding-ring. The patient had taken arsenic (R. J. Pye-Smith). It is said that this form of cancer does not infect lymph nodes, and the investigation of inguinal lymph nodes in my patient supports this statement. Let me conclude the lecture with a parable.



The dead trunk of a pollarded willow stood in a hedge-row bordering a busy highway. Dust, conveyed by wind, filled a depression in the head of the willow; a gooseberry bush flourished in this scanty soil. It is probable that a bird had eaten ripe gooseberries and then muted excrements containing the seeds in the soil on the crown of the willow. The seed sprouted, took root, became a bush, and bore fruit. The woman with a cancer at the knee had, with great faith, swallowed liquor arsenicalis at intervals for thirty years, with the hope of curing her psoriasis, until one day a crack appeared at the edge of one of these curious skin patches, and in a fortuitous way the germs of cancer entered, took root, and led to the formation of a large, stinking, cancerous ulcer. Some day the cause of a cancerous ulcer arising in a patch of psoriasis, a lupus patch, or in a chronic ulcer left by a burn will admit of an explanation as simple as the presence of a gooseberry bush on the head of a dead willow, but of this we may be sure: Many will see more chronic ulcers that have become cancerous than gooseberry bushes growing, and bearing fruit, on the summits of dead willows. There can be little doubt that a better knowledge of symbiosis will enable surgeons to know how chronic sepsis tills the soil in the human body to make it receptive for the germs of cancer.

HOMŒOPATHIC VERIFICATIONS FROM THE LABORATORIES.*

By W. H. WATERS, M.D., Boston.

DR. HANKS has done me the honour to request me to prepare a symposium upon Homœopathy as viewed from the laboratory. This honour is deeply appreciated. In response to the invitation, I have been so fortunate as to secure the co-operation of some of our best laboratory experts. Each has been asked in substance this question:—Has your laboratory work or that of others influenced in any way your belief in Homœopathy?

*From The New England Medical Gazette.



The doctor has further requested me to first answer my own question, despite my assertion that I had already done so at a previous meeting of the Institute. This is my excuse for the other wise apparent egotism of such a repetition.

Have the results of laboratory investigation during the past sixteen years altered my opinion of Homœopathy? Yes, most certainly. How? To explain this requires some personalities. Born the son of a physician who was a graduate of a non-homeopathic college, but who later became a homeopath by conviction, my education was obtained in a university where both by tradition and practice Homeopathy was taboo. Later, a course in a homoeopathic university with all possible time devoted to laboratory work left me at graduation an honest sceptic concerning remedial medication. During the intervening sixteen years many new discoveries have occurred bearing upon the explanation of the curative action of various These discoveries, and they have been not a agents. few, have changed the sincere doubt or question of years ago, into a distinct belief that the phrase similia similibus curentur expresses a great truth, one of much wider application than was recognised by its first prominent adherent, Samuel Hahnnemann.

This opinion has been reached purely by laboratory and allied study, and is entirely independent of the results from clinical practice, a department with which I have practically nothing to do. May I explain my reasons for this opinion by asking you to ascertain with me how far our peculiar homeopathic tenets are capable of absolute laboratory demonstration. As I stated before, these tenets in brief are:

The single remedy.

The proving of drugs.

The size of the dose.

The frequency of repetition.

The law of cure.

The Single Remedy. Modern physicians are practically ignorant of the polypharmacy that was so universal in the time of Hahnemann. Ten, fifteen, or more drugs were compounded in the most nauseous



messes and given for the most fantastic conditions. No one could foresee their effect upon the well, much less upon the sick. Modern laboratory study shows definitely that while we may ascertain the effects of a series of drugs taken singly into the body, no one can foretell what the effect will be when those drugs are mixed. That effect may be a combination of them all in various degrees, or it may be something entirely new and unexpected. It certainly cannot be relied upon or forecast. Adherents of all schools or divisions of medicine are wisely placing emphasis upon the value of the single remedy. And this has undoubtedly

been largely brought about by Homeopathy.

The Proving of Drugs. In this department of medicine our school has been a pioneer. Study of the effect of drugs upon the sick has, of course, been universally followed, but beyond reports of occasional poisonings, the deliberate observation of drug effects upon the healthy human being has been notable by its absence in non-homeopathic circles. In the eager pursuit of drug proving, it has happened that not a few observers in their over-enthusiasm have recorded results not at all due to drug action, with some resultant confusion, but this in no way vitiates the vital principle. At present, the importance of drug study is recognised by all schools and is being more and more followed. I can imagine nothing more strictly scientific than was the monumental proving of Belladonna conducted by Dr. Bellows some years ago, with results familiar to you all. Such work commands the respect of all honest truth seekers, however much they may decry or disdain some of our early so-called "provings" made by sincere but idealistic or over-enthusiastic physicians.

The Size of the Dose. No one of our peculiar tenets has been so universally accepted as has this formerly much ridiculed one. Probably the majority of you have used an average dose of from the second to the sixth decimal dilution. You older members have been repeatedly told by your so-called "regular" friends that a sixth dilution could not contain sufficient medicine to in any way influence one's physical being.



Now, these same friends are using these same attenuated doses and not infrequently find even these too great. The introduction of vaccine therapy and Wright's study of the opsonic index have abundantly demonstrated the efficiency of the minute dose beyond any vpossibility of dispute. Not long ago, a very eminent member of the dominant school in Philadelphia took all of us immunologists to task for using too great doses of *Tuberculin* in tuberculosis. We use as routine amounts representing about the 7x or 8x dilution while he advised not more than the 10x or 11x.

The Frequency of Repetition. This is no longer a debatable ground, thanks to the work of the past decade. All now agree that the ideal way of aiding nature is not to see how much of a remedial agent she can stand at oft repeated intervals, but to endeavour to ascertain how best to stimulate her recuperative powers by minute amounts administered at infrequent intervals. Once a week is a very common interval between treatments in these days of immunisation.

The Law of Cure. Upon the phrase similia similibus curentur, Homoeopathy is to stand or fall. The other tenets valuable though they may be are, merely subsidiary ones. Should likes really be treated by likes and if so, why should they? Fifteen years ago this question could not be definitely answered, but since then much light has been thrown upon it. Without taking too much time with detail, allow me to cite some actual facts capable of abundant demonstration.

Tuberculosis is a disease with which we are all familiar. We say it is caused by the bacillus tuberculosis, but really mean that the symptoms are due to the poisoning of the body by the toxins produced by those bacilli. Let us obtain some of the toxin by laboratory methods, altering it slightly perhaps, and repeatedly introduce it into a healthy animal. Constitutional symptoms will follow, symptoms identical to those due to the continual absorption of the toxin from an actual active focus, and if sufficiently long continued the animal will die of a true toxemia. Now, let us take an actually infected animal, or group of animals, and give to them under proper conditions



and at appropriate intervals suitable amounts of Tuberculin. What is the result? Instead of progressive decadence to fatal results, a gradual improvement to complete convalescence will follow. If this is not an illustration of "likes cure likes," I do not know what can be. The same may be said of many other infectious conditions. Let us study these a little more carefully. We find that the degree of resistance in an animal or a person is below normal when thus infected. If the toxemia is too great this deficiency progresses to fatal results. If less severe, nature reacts and the degree of resistance becomes so great as to finally overcome the malady, and we call the individual convalescent. Taking these same toxic substances and applying them to the healthy we can at will increase or decrease the degree of resistance, dependent entirely upon the size of the dose. Yes, you say, but the case is not truly analogous to Homeopathy. Personally, I believe it to be entirely so. These toxins, what are they but drugs? We use extracts of the higher members of the vegetable kingdom and call them drugs. Why not others from the lower orders? Truly, they are usually administered hypodermically, but this should make no difference, and in fact some of our men use them by mouth. us leave these products thus briefly considered and ask if the same phenomena have ever been noted following the use of distinctly homoeopathic preparations. answer again is "Yes." From London, from Ann Arbour, and from Boston have come reports of just such results obtained by laboratory investigation. Phosphorus, Echinacea, Hepar sulphur, Mercury and other drugs have been definitely demonstrated to have in certain instances at least definite immunizing forces. Time forbids their detailed mention here. Increased resistance to tuberculosis and to staphylococcus infection has been definitely produced by specific antibody formation while other antibodies have been demonstrated that produce agglutination or hæmolysis entirely as a result of drug activity.

. How much further this may go on no one can at



present foresee. Suffice it to say that in numerous instances the law of similars has been abundantly demonstrated. A still more significant fact will be found when it is noted that during the entire period of new discoveries nothing has been brought forward that disproves or contradicts this same law.

At the present time the efforts of a large part of the medical world are directed toward the production of immunity. The explanation of artificial immunisation is entirely included in the law of similars if we read it. Let likes be treated by likes. We immunise against typhoid by administering a substance similar to that which in different dosage would produce the disease. The same can be said of anthrax, of staphylococcus infection, of streptococcus lesions and many others.

We similarly immunise against some particular headache or other series of clinical conditions by administering a substance capable of producing similar conditions. One we call vaccine therapy; the other, Homœopathy. Wherein lies the difference? We believe there is none in the essential underlying law. Immunity is the name of the goal striven for; Homœopathy the name of the road to that goal.

POISONING BY PRUSSIC ACID FUMES.*

Fumigation with hydrocyanic acid gas for the destruction of vermin has been extensively used in India, the United States of America, and South Africa. The usual method adopted is to pour into a dish in the centre of the room to be dealt with measured quantities of sulphuric acid and water, adding the potassium cyanide at arm's length, and rushing from the room with all possible speed. The manipulator must wear rubber gloves or some other protection, or otherwise poisoning by the cyanide itself would almost certainly result.

The gas is rather inflammable, and very quickly fatal when even one whiff of the strong vapour is taken. It is surprising that there have not been many more accidents with this very risky proceeding, and still more surprising are the recoveries. Dr. B. Cohen, who had

* From British Medical Journal.



the opportunity of attending two cases of poisoning by prussic acid fumes within a short time of the accident, has recorded in a brief but important note the appear-In his first case, a man accustomed to ances found. this method of fumigation incautiously reopened the door of the closed room on hearing the cry of a cat with-He must have been immediately overcome, for he was found shortly afterwards, by dwellers in the house who detected the faint smell of the gas, lying limp and insensible in front of the door with his head away from the direct line of fumes. When carried out into the open air he was found to be perfectly flaccid, with face and lips deeply suffused pink. Breathing was so slow that bystanders thought it had stopped. Dr. Cohen used artificial respiration, and in a few minutes the breathing became very noisy, with froth appearing in the mouth; the pupils were widely dilated and fixed; no odour of prussic acid was detected from the breath, neither urine nor fæces was passed; the pupils shortly afterwards became smaller and reacted to light, and the conjunctival reflex returned. The apparent improvement did not last long, for the teeth became clenched, the pupils dilated, the fingers, wrists, and elbows successively became flexed, and the arms moved convulsively; the left leg was drawn up, general convulsive movements ensued ending in muscular rigidity, and the pulse became small and weak. When the attack subsided the pupils reacted to light, and the conjunctival reflex became very active. A second attack resembled the first, but was quicker in onset, more severe, and the duration of the convulsions longer. The third attack came within a few seconds after his teeth were clenched. rigidity raised the body off the floor, and when it subsided the pulse was almost imperceptible and the respirations were shallow. The face grew ashen grey, and the patient appeared to be dying of heart failure. was made to inhale aromatic ammonia and $\frac{1}{500}$ grain of Strophanthin was injected subcutaneously. a few minutes he improved. From the time of the accident till the time of the third attack barely one and a half hours elapsed. The patient improved steadily but remained drowsy. Fourteen hours after the poison-



ing, and after he had had a good sleep, he had quite recovered save for some temporary impediment to his speech.

The second case occurred in a man who was in the direct current of vapour from an imperfectly sealed room that was being fumigated. Seen twenty minutes afterwards, he was found to have lost control of his legs; his face was suffused pink, there were several tremors, pulse thready and numbering 140 to the minute, respirations deep, but he was quite conscious. Along with the flushings the patient had a sense of impending dissolution and a burning sensation in the The injection of Strophanthin quieted the pulse. The manner in which the poison kills is not definitely The pink colour of the face in conjunction with a practical cessation of respiration, as seen in the first case, may be explained on the view that prussic acid limits or prevents internal respiration. The tissues are directly acted on, and are prevented from using the oxygen of the blood and giving up carbon dioxide. The redness of the face would then be due to this, and not to a special compound of hæmoglobin and hydrocyanic The dilatation of the blood vessels probably ·acid. Whether the respiratory centre contributes. directly affected by the blood or indirectly by the interference with internal respiration, the proper treatment at the beginning is to perform artificial respiration, not only to maintain respiration, but also to eliminate hydrocyanic acid by the lungs. convulsions and rigidity would throw an undue strain on the large veins and on the right side of the heart, as was shown by the slow, weak pulse and the immediate improvement after the administration of Strophanthin. Venesection was formerly recommended for this condition, but probably the right heart may be eased as well and contractility stimulated by vigorous artificial respiration.



CORRESPONDENCE.

NURSES AND THE Y.M.C.A.

TO THE EDITOR OF THE "HOMEOPATHIC WORLD."

SIR,—If space can be found for the enclosed, the courtesy will be much appreciated.

Alas! many of our sailors and soldiers have serious cause to be grateful to their nurses, serious because their wounds have often been of a terrible nature, and grateful because these good women have nursed them back to life.

Mrs. Alec-Tweedie's Hut Scheme has grown apace. She has received various contrbutions from nurses and now suggests that if nurses in hospitals and institutions will each subscribe Id. and send her the result to 30, York Terrace, Harley Street, W. (Cheques crossed London County and Westminster Bank, marked "Nurses Fund") she thinks it would be a very good idea when sufficient money had been collected to put up a hut for our fighting men and call it "The Nurse."

So many more huts are still required that it would be possible to name some after particular towns, fallen soldiers, or groups of workers like the Farmers, the Navy, the Nurses, the Boiler Makers, or the Leather Workers.

Yours faithfully,

(Mrs.) E. ALEC-TWEEDIE.

30, York Terrace, Harley Street, W.

VARIETIES.

"British Beef Stew."—The famous Russian General Brussiloff and a distinguished British novelist have agreed on the estimate that the war will continue until some day in next summer or autumn, but it is reported in the United States that the British Government has recently contracted for 600 million cans of beef stew. Allowing each man a can a day, this would supply an army of three million men for a period of nearly two years; but perhaps the men of the British army are capable, on the average, of consuming two cans of beef stew daily. Dr. John Aulde, of Philadelphia, has published an analysis of this beef stew. He says that it is composed of cooked beef 6 oz., rice 4 oz., beans 1 oz., onions 1 oz., carrots 1 oz., and that its value in food utilised is protein 50 grams, fat 60 grams, carbohydrate 37 grams, yielding



914 calories. He cumpares this with the "' balanced ration' so well understood by American stockmen." This contains 50 grams protein, 50 grams fat, 200 carbohydrate, and yields 1,490 calories. The carbohydrate in a day's diet should be as it is in this ration—four times the protein and the fat one-fifth of the whole. The British army stew is, of course, amplified by bread, jam, etc., and there is no advantage in putting more vegetable into it than will go to make a palatable stew. We must say the formula sounds an appetising one, and ought to be much more acceptable than bully beef to all excepting those few unforttunate individuals who cannot bear onions. Dr. Aulde draws attention to the importance of an adequate supply of calcium in the diet. The beef stew contains 1.5 grains of calcium oxide and the same amount of magnesium oxide. The average dietary of American homes contains 10½ to 15 grains of calcium, and about half the quantity of magnesium; and he asserts that "when these proportions are reversed susceptibility to illness follows." "Deficiency of calcium," he says, "is the pivot in the production of rickets, a deciding factor in creating susceptibility to tuberculous infection in both adults and children, and a demonstrable condition in Bright's disease and diabetes. Recent investigations by the United States Public Health Service prove beyond question that the loss of lime salts is the sole cause of pellagra." This is a rather alarming picture, but even those who feel difficulty in accepting it as true will be pleased to know that our soldiers are not to be exposed to the risks enumerated.

British Medical Journal.

CONGENITAL GOITRE IN GOATS.—During the last twelve years Major Robert McCarrison, I.M.S., has published a large amount of interesting and highly valuable original work on the causation of goître. In 1913, he delivered the Milroy lectures at the Royal College of Physicians, choosing as his subject the etiology of endemic goître; an account of these lectures and some others of his publications on the subject will be found in the British Medical Journal of March 7th, 1914, p. 538. Quite recently he has reported the results of his experiments on the production of congentital goître in the goat, carried out at the Central Research Institute, Kasauli, India, in the years 1913 and 1914. As is well known, his view is that endemic goître in human beings in India is an infective condition, due to a contagium vivum of unknown morphology that has its habitat in the alimentary tract. He has shown that a similar disease can occur in white rats, and that nearly two-thirds of the offspring of giotrous white rats are born with congenital goître; this goitre is due to the action on the fœtal thyroid gland of toxic substances derived from the maternal intestine. The research now reported is a continuation of the same line of work, with goats as the experimental animals instead of white rats. Its methods and results may be summarised as follows: Twelve healthy female Punjabi goats were penned and stabled together, rendered goîtrous by the administration of cultures of microbes grown from the fæces of goîtrous



individuals, and covered by a healthy male imported from a nongoitrous locality. Eleven of the twelve bore kids, all of which were goîtrous, and ten were stillborn, ill-developed, and hairless; these eleven large congential goîtres proved sterile on ærobic and anærobic, cultivation. Four control non-goîtrous goats, fed with clean food and water, and kept muzzled to minimise the chances of accidental infection, gave birth between them to three kids that were free from congenital goitre. Four other control animals were similarly fed but not muzzled; two became goîtrous, the other two did not, and between them these four animals produced three kids, two of which had small congenital goîtres. A further experiment was carried out with one of the laboratory goats belonging to the Institute. The animal had a considerable goître, and Major McCarrison'successfully performed a right-sided thyroidectomy on it. It was then impregnated by the same male, and in due time gave birth to a healthy nongoîtrous kid. The conclusion to be drawn from these researches is this: That congential goître is goats is due to the action on the fœtal thyroid gland of toxic substances derived from the maternal intestine. These substances are the products of microbes originating in fæcally-contaminated soil which are conveyed to man and animals by infected food and water. The toxicity of the cultures administered to the twelve first-mentioned goats above must have been very great, for the congenital goîtres produced were, as a rule, of large size, as is shown by photographs reproduced in Major McCarrison's paper, and the offspring showed gross evidence of development retarded or brought to a premature The exact nature of the infecting agent responsible for this production of congenital goître still remains a matter of speculation. It is a problem of great interest. We hope that it may presently meet with its solution at Major McCarrison's hands.—British Medical Journal.

Syphilis of the Spine.—Syphilitic disease of the vertebral column is usually regarded as a rare condition, and has received little attention in the text-books. However, according to investigations recently carried out by Whitney and Baldwin of San Francisco, the vertebral joints are far more commonly affected by syphilis, than any others. Out of one hundred cases of syhdilis, examined, only twenty-six were found to have perfectly normal spines. These observers distinguish two types of syphiliti arthritis the toxic and the infectious. The toxic type resembles arthritis deformans, showing hypertrophic and villous lesions, and sometimes atrophic changes. Usually many joints are affected, those of the spine being among the most frequent. In such cases the spine is more or less uniformly stiff, and the characteristic osteophytes of hypertrophic joint disease are revealed by the x rays. The infectious type of arthritis includes two forms —the one destructive, due to gummatous osteitis of the vertebræ, closely resembling tuberculosis in its clinical features, the socalled Syphilitic Pott's disease; the other a synovitis without destructive change. Special attention is directed to the latter



form, since it has not been sufficiently recognised. The condition is described as affecting the synovial membranes of several, vertebral joints, usually only a few, leading to diminished mobility from spasm, and afterwards to adhesions, which may cause complete fixation. These adhesions are said to be uninfluenced by antisyphilitic treatment, but may be broken down by forcible manipulation. When stiffness occurs, either from spasm or from adhesions, a deformity may be produced which may be mistaken for Pott's disease. This vertebral synovitis is a comparatively early manifestation, but on account of the persistence of adhesions the deformity and stiffness may be found in old cases of syphilis, with no other signs of the disease and a negative Wassermann It may, therefore, have some diagnostic value. A characteristic feature of these cases is said to be hypotonicity of the muscles and ligaments of the unaffected portions of the characteristic feature of these cases is said to be hypotonicity of the muscles and ligaments of the unaffected portions of the spine, especially the sacro-iliac joints, so that the patient can often touch the floor while keeping the knees straight, in spite of the localised stiffness. Pain is not so prominent a symptom as in tuberculosis of the spine. Although, in accordance with custom, the Wassermann reaction was resorted to in the diagnosis of these cases, the authors dissent from the view that this reaction is the deciding factor, and are of opinion that many cases of bone and joint syphilis give a negative reaction.—Brit. Med. Jour.

DIPHTHERITIC PARALYSIS AND DIPHTHERIA Antitoxin.— Kleinschmidt (Jahrb. f. Kinderheilk., p. 227, Bd. 81) points out that there is still great divergence of opinion among clinicians as regards the relationship between post-diphtheritic paralysis and the action of diphtheria antitoxin. Whereas some deny that an antitoxin-containing serum has any influence on the development of post-diphthetitic paralysis, others believe that it favours the occurrence of paralysis. Among those who admit a curative effect of the serum, some believe that an early use of it is able to prevent or modify the symptoms and others maintain that it is able to influence a paralysis already present. Animal experiments have at any rate shown conclusively that the diphtheria toxin is not unconcerned if an acute diphtheria is followed by paralysis or not: if used within twenty-four hours after an injection of a moderate dose of the poison, the curative serum is able to prevent or mitigate the polyneuritis, or an acute case of poisoning that would otherwise have proved fatal may become converted into a non-fatal case followed by paralysis. Looked at from this point of view, the diphtheria antitoxin may be said to favour the occurrence of paralysis. But on the other hand, a curative influence on an already developed paralysis could not be demonstrated. As the results of animal experiments cannot very well be applied to human praxis, the author tested the use of antitoxin in twentyfive severe cases of diphtheria followed by paralysis; some of these cases came late under treatment. All the children were examined at various times during the disease or convalescence for



the presence of antitoxin. The test was carried out according to Schick's method of intra-cutaneous toxin-injection. author found that (1) diphtheritic paralysis may occur and prove fatal in spite of the presence of anti-toxin in the blood, and (2) it may be recovered from in spite of the absence of antitoxin. These results are in accordance with those from the animal experiments carried out by Römer and Viereck in 1913. In most severe cases of intoxication the antitoxin is able to avert acute death, but the appearance of a paralysis as an expression of a weakened effect of the virus is unavoidable. Even an early use of the serum is in such cases no certain prophylactic against the occurrence of a polyneuritis, and if administered late, it must be expected as a certainty. The presence of antitoxin, even in excess, is then without influence; it may circulate in the blood during all stages of the paralysis. Equally powerless is it, of course, when the serum is injected after the paralysis has commenced. (If the diphtheritic paralysis is recovered from or if it proves fatal is therefore not dependent on the present of antitoxin.) The conditions are not known under which the antitoxin is able to influence the diphtheria virus bound to the nerve cells. As a result of his own experiments the author is only able to say that a detachment of the toxin is possible when antitoxin in excess can be injected immediately after the intoxication. The effect of the antitoxin at a later stage has hitherto only been assumed from clinical observations, but no conclusions have so far been arrived at, as every clinician may occasionally meet with most severe cases of diphtheritic paralysis, even such that appear almost in a dying condition, but which still recover spontaneously. He therefore entirely agrees with those who deny an action of the antitoxin on an already developed paralysis. New experiences teach more and more that for the course of a diphtheria the first hours are the decisive ones. If we succeed by an early generous use of the serum to arrest the spread of the intoxication and to detach from the vital cells the poison bound to them, a recovery free from complications will result. But if isolated groups of cells, such for instance as those of the nervous system, which appear to be specially susceptible, become injured in their viability, then the pathological process in the throat must, necessarily be followed by symptoms of nerve degeneration, independently of the presence of antitoxin or not. If this cellinjury is limited in extent, a recovery may follow even now, for which the co-operation of antitoxin is not necessary; if the changes are more expensive they lead to a fatal paralysis. Toxins which may be secreted by the bacilli after recovery from the local symptoms, is evidently without importance for the course of the disease, as it may partly be caught up by heterogenous antitoxin still present, and partly by means of a gradual transudation in the body excite a strong auchtochthonous formation of antitoxin, such as has been observed in healthy bacilli carriers. It is only when the organism is suddenly inundated with the diphtheritic poison that it is unable to cope with it, and requires the help of the artificial antitoxin; the curative serum.—Medical World.

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or locum tenentes. should communicate with the Secretary of the British Homocopathic Association (Incor.), 43, Russell Square, W.C., where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

To Contributors.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Brunton (Sir Lauder). Collected Papers on Circulation and Respiration. Second Series. Clinical and Experimental. 8vo. pp. 740. (Macmillan. Net 5s.).

Encyclopædia Medica. 2nd edition. Vol. 3. Chloroform to Dyspepsia. Roy. 8vo., pp. 680. Green & Son. Net 20s)

Macewen (John A. E.) Surgical Anatomy 3rd edition. (Bailliere. Net 1cs. 6d.)

Morton (E. Reginald). Essentials of Medical Electricity. 3rd edition, revised and rewritten, with addition of new matter by Elkin P. Cumberbatch. Cr. 8vo. pp. 317. (Henry Kimpton. Net 6s.).



TO CONTRIBUTORS & CORRESPONDENTS.

All literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, Garryowe, Putney Hil, S.W.

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homoeopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

CORRESPONDENTS.

Dr. Burford, London-Mr. Van Lennep, London.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Med. Advance.—The Chironian.—La Hom ceopatia .-- Ind. Hom. Rev.-- Hom-Envoy. — Med. Century. — Rev. Hom. Française. — H. Recorder. -L'Omiopatia in Italia.-N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Annals de Med. Hom.-Hahnemannian Mon. — Pacific Coast Journal of H.-Journal B.H.S.—Calcutta Jour. of Med. -Le Propagateur de L'Homœopatie.—Fran Homöopatiens. Värld.—Journal of the American Institute of Homoeopathy.— Indian Homoeopathic Reporter.— La Critica.—The Homœopathician -Iowa Homœo. Journal.— Homœopathisch Tijdschrift—First Principles in Therapeutics, Goldsbrough.

The Homeopathic World.

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NEWS AND NOTES.

ORIGINAL COMMUNICATIONS:

The Internal Secretions of the Ductless Glands: "Every Man His Own Phar-macopæia." By George Burford, M.B.

A Proving of Indol: with Special Reference to its Relation to the Excretion of Indican in the Urine. By William B. Griggs, M.D., Philadelphia.

Letter from the Front. By H. Fergie Woods.

Missionary School of Medicine.

SOCIETY'S MEETING:

British Homeopathic Society.

NOTIFICATION:

Dr. E. L. Hughes.

BRITISH HOMOSOPATHIC ASSOCIATION (INCORPORATED):

Receipts from 16th Oct. to 15th Nov. 1916, EXTRACT:

Datura Stramonium. By M. M. Fleagle, M.D.

OBITUARY:

Dr. Arthur Sandberg.

Varieties.

Medical and Surgical Works.

To Contributors and Correspondents,



THE

HOMŒOPATHIC WORLD.

FEBRUARY 1, 1917.

MATERIA MEDICA.

Among the News and Notes of this issue our readers will find a paragraph commenting on a letter from Philadelphia, wherein Dr. D. Macfarlan speaks of the revival of interest in Materia Medica among the homœopathists of his city and neighbourhood. tells us that this interest affects not only practitioners but students. That Materia Medica should be of supreme interest and importance to the homœopathist is no new thing: how could we practise homeopathically without our Materia Medica? But it is also true that with the multitude of gifts of great value brought to the medical profession in the last generation, by surgeons, physicians and bacteriologists, and with the necessity of becoming acquainted with their possibilities, homeopathists were till recently in the main content to keep their special materia medica studies to some extent in the background, and a little neglected that constant study of it and constant endeavour to extend and improve it without which the groundwork of our special method must necessarily tend, if not actually to deteriorate, at least to become less used and therefore less useful. However, of late years (and largely we must own, owing to the work of Dr. Kent and his followers) the claims of Materia Medica have been re-asserted. It is a phenomenon of the greatest



Homosopathic World.

importance, the way in which the minds of physicians are turning again to the possibilities of extended use of drugs for cure and relief of disease. Homeopathy can look forward to a new onward movement if we can take advantage of this tendency and we welcome the news from Philadelphia with its announcement of new provings as a symptom of a revival which is world-wide.

ALCOHOL INJECTIONS IN THE TREATMENT NEURALGIA.—L. A. Surraco (Journ. d'Urologie, Paris, October, 1915, No. 5, pp. 505-600) refers to the agonising pains in the sacral region in the course of cancer of the bladder, prostrate or urethra. He places the patient under the influence of Scopolamine and Morphine, and then injects the alcohol through the holes in the sacrum to act on the second, third and fourth nerves. The second hole is on the horizontal line about two cm. below the posterior superior iliac spine. The other holes are about two and four cm. below this, about two cm. from the line of the spinous pro-The needle is introduced for half a centimetre and two. c.c. of alcohol are injected in each hole, each side of the median line. In four extremely severe cases of neuralgia from cancer in the bladder or prostate a single sitting banished the neuralgia permanently during three or five months to date in three cases. A second injection was required in the other.—Medical World.

THE SOFTENING TREATMENT OF SCARS AND ADHESIONS.— As a result of experiments Frankel (Munchen. med. Wchenschr., Nos. 41-42, 1915) found that Cholin has a favourable action in maintaining the normal vascular tonus, and for this reason he tried it for producing local vessel dilatation, as for this purpose the peculiar distribution of the drug in the tissues, its special affinity for the deeper cutaneous layers and its long retention in the body, are valuable. He found that an injection (subcutaneous, intramuscular or articular) of an always freshly prepared two, five, or ten per cent. saline solution of Cholin in quantities of from five to thirty c.cm. led to a prolonged arterial hyperæmia at the place of injection and for some distance round it, and when followed immediately afterwards by a hot air bath it had a favourable effect on scars in the skin and muscles, contractions of fascia, adhesions of tendons and tendon-sheaths and perineural tissue and on stiff joints. Frequently one injection was sufficient. Except for a sensation of giddiness experienced by a few patients there were no injurious by-effects. The author describes the particularly favourable results he obtained on the hands of wounded soldiers. In eighty cases of gunshot fractures of the metacarpal bones with severe stiffness, the softening treatment was very successful.—Medical World.





NEWS AND NOTES.

A TREATMENT FOR BURNS.

In this age of new methods for old troubles it is only fitting that the burn, that old enemy of dressers and nurses, should also have something new as regards its treatment. Dr. Barthe de Sandfort, of the St. Nicholas Hospital, Paris, has for some years been using paraffin, melted and at a temperature of from 80 to 100 degrees Cent., in the treatment of ulcers and burns, and he now describes the method again and in more detail. It is quite simple, and consists in spraying the liquid over the burn and allowing it to cool. paraffin, which may be mixed with some resin to give toughness, dries quickly, and a mask is thus formed under which the most surprising lymphocytosis occurs. This is followed by the appearance of small islets of epithelium, and the most gratifying result of the treatment lies in the rapid healing without the hideous scars which our more accustomed methods permit. The wound must be dressed at intervals determined by its severity, and the dressing consists in raising the wax from the wound and allowing a stream of peroxide to flow over the surface. The paraffin is again applied as The method has already been employed for some years, but it has not been heard much of on this side of the Channel. It presents no difficulties to surgeon or patients, and its painlessness is a strong contrast to the usual agony of the dressing of a large The result is ideal from the cosmetic standpoint. and altogether the method deserves a trial at the hands of those who have been taught by bitter experience. to dread above everything the familiar bad burn. The yellow stains of picric acid which ultimately bestow themselves all over the bed and clothes of the sufferer are no great attraction to the æsthetic mind of the ward sister, and by her as well as by the patient will the treatment be welcomed if its results are what they seem to have been in the St. Nicolas Hospital.— Med. Press.



RAW STARCH IN THE TREATMENT OF DIABETES.

In the September number of the Journal of the Missouri State Medical Association, E. B. Knerr describes his treatment of diabetes. He places the patient in a hospital or sanatorium and puts him on raw starch and water until all the sugar has been burned out of his system and circulation. This may take from one to four days, though glycosuria usually disappeared in from twenty-four to thirty-six hours. A' dram of starch in a glass of water every two hours is all the nourishment allowed until the urine is sugar No preliminary days of reduced diet are necessary, and therefore the excessive hunger, thirst and polyuria are unknown under the use of raw starch, which satisfies the patient's craving for carbohydrates. As soon as the urine is sugar free the patient may be allowed green vegetables, such as lettuce or celery, with salt and a soft egg; the allowance is gradually increased by the addition of meats and boiled vege-The dram of raw starch, however, should be taken three times daily for a year or more. Citric fruit juices should be used to control acidity of the secretions, except where they aggravate the glycosuria.

PALLIATIVE TREATMENT OF TOOTHACHE.

Du Mont (" Deutsche med. Wchenschr., No. 11, 1916) was suddenly seized with violent toothache while on duty, which did not disappear even after energetic painting with Iodine. To get some relief he tried what was at hand, and began to inhale some Eau de Cologne. By an accident some of the fluid came on the nasal mucous membrane and at the same moment the toothache disappeared. He has since used this treatment in numerous cases both in civil and military life, and always with the desired result. The use is exceedingly A few drops of Ether are placed on a plug of cotton wool the size of a pea, and the plug is then placed in the corresponding nostril. A slight pressure on the nose is sufficient to allow a few drops of the fluid to reach the mucous membrane, the patient's head meanwhile being bent backwards. The plug

is immediately removed, generally by the patient himself, because of the momentary pain. This gives relief, not only for a few minutes, but for a considerable time. The treatment was successful not only in the case of carious teeth, but also in cases of inflammation of the dental periosteum or for rheumatic toothache.

An Apology.

We regret that in our last issue by an uncorrected printer's error, Mr. C. W. A. Stewart's donation to the maintenance and administration Fund of the B.H.A. appeared as one guinea instead of two pounds. We offer Mr. Stewart our sincerest apologies.

THE PYRETIC ACTION OF GARLIC.

Garlic is a familiar remedy to the homoeopathist, but has lately been attracting orthodox attention and preparations of it have been praised in Tuberculosis, a disease for which some of its proved symptoms would suggest it. Dr. Perez, of Teneriffe, writes to the Medical Press to call attention to the power of garlic to cause pyrexia when applied per rectum or even when rubbed into the skin of the axilla. He rightly points out that this ability to cause pyrexia is of significance in connection with the use of the drug in Tuberculosis. It certainly is for the homoeopathist of much significance.

MATERIA MEDICA STUDY IN PHILADELPHIA.

Dr. D. Macfarlan writes from Philadelphia mentioning that a Materia Medica and Therapeutics branch of the County Society has been formed and that there is a great quickening of interest in these branches of our art. Dr. Griggs, we are told, has published a proving of Glycerine which shows it to be a remedy of great power, especially in arterio-sclerosis and allied affections of the aged. Dr. Macfarlan himself is working at a proving of Chloroform and believes it will turn out to be a remedy of value.



COLLOIDAL GOLD IN "MALIGNANT" MEASLES.

Drs. Lougin and Camusset discuss the above in La Presse Medicale. They point out that the treatment of infectious diseases with injections of colloidal gold is of recent date. In a certain military region an epidemic of measles assumed such a "malignant" form that twenty per cent. of cases ended fatally. The gravity of the cases showed itself in the temperature, pulse and respiration curves. Various methods of treatment were applied without arresting the course of the disease. The authors had the idea to try intravenous injections of "Collobiase Dausse" in I c.c.; doses in a young soldier on the third day of illness. Subcutaneous injections of the same preparation had produced no apparent reaction, nor any modification in the course of the disease. different was the result of the intravenous injection, after which the temperature never went up above 38° ℃.

The authors describe the treatment and effects as follows:—

- 1. About half-an-hour after the injection the patient presents repeated and prolonged rigors lasting about fifteen or twenty minutes.
 - 2. The patient perspires freely.
 - 3. Rise of temperature.
 - 4. Defervescence.

If the temperature reaches 42° C., the patient must be put immediately in a wet pack. The authors are of opinion that it is even advisable to give every patient a cold bath or a cold lotion before the injection.

As regards the dose, they have never used more than $1\frac{1}{2}$ c.c. It is important not to wait too long before having recourse to the treatment. Although it cannot be said that this treatment may be applied without any restrictions whatever, the fact remains that whereas the death-rate was 12 per cent. it fell to 3 per cent., and the authors treated over 100 patients. Besides the distinct fall of the three curves (temperature, pulse and respiration) after the injection leaves no doubt as regards the relation of cause and effects.

KEENE AND ASHWELL'S DIARY.

WE have received Messrs. Keene and Ashwell's Diary for 1917. Having found an admirable form, this firm has the good judgment to maintain it. All that remains to be said is that it is as good as ever and as useful.

HYPERICUM IN THE TRENCHES.

We continue to receive instances of the value of Hypericum to relieve the shock and immediate pain of wounds and injuries. Some observers believe that it has a value in treating tetanus and as many cases have to wait some hours before they can receive an anti-tetanus injection, Hypericum should when possible be given as a routine measure during this time of waiting. There can be little doubt at any rate of its power to relieve shock. Soldiers who use it are unanimous on this point. We quote from the last letter we have seen:

"I have used some of the Perloids (Hypericum 30) here with good effect, for the wounded could not be moved to hospital until night, and it has surprised us all how they have been able to stand their wounds after a couple of Perloids. One, after being wounded in the head, was having some dinner—the best we could manage—half an hour after."

EXTRACTION OF A BULLET FROM THE BLADDER.—F. Legueu (Journ. d'Urologie, Paris, October, 1915, No. 5, pp. 505-600) has always had to operate to get out fragments of shells from the bladder, but he has been able to remove by the natural route all the smooth bullets that have forced their way into and remained in the bladder. The first thing is to be sure the bullet is actually inside the bladder and loose. The history of the case and X-ray picture are not always instructive. In one case the bullet entered by way of the shoulder. The hæmaturia indicating the perforation of the bladder wall may escape detection, while in the reclining position the bullet in the bladder causes no functfunctional disturbance and there is nothing to suggest that there is a bullet in the bladder until the man begins to be up and about. Then vague pains at micturition may attract attention to the pelvis. When the bullet changes its place abruptly with change of position it is generally loose in the bladder. He seizes it with a lithotrite, No. oo, the blades of which are hollowed out a little. The bullet is then easily drawn out by the tip or base. Cystoscopy and anæsthesia are not required.—Medical World.



ORIGINAL COMMUNICATIONS.

THE THREE DRIFTS IN THE EVOLUTION OF INTERNAL SECRETORY THERAPY.

I.—Substitution Therapy; II.—Activation THERAPY; III.—HOMŒO-THERAPY.

By George Burford, M.B. Senior Physician for Diseases of Women to the London Homœopathic Hospital.

HISTORICAL.

To France is undoubtedly due the honour of first crystallising view and idea concerning Internal Secretions into concrete instance. Claude Bernard in 1855, supplied a definite physiological illustration. Sequard later amplified the conception of Internal Secretions to include therapeutic powers. To England belongs the credit of clearly defining a form of disease hitherto unrecognised—now named Addison's Disease —which furnished indubitable evidence of constitutional ill-health due to a ductless gland defect, in this instance that of the supra-renal bodies. Later in the seventies another unknown malady named, after its outstanding physical change, myxædema, was observed and illuminated by Gull and Ord; and this later furnished the first clinical evidence of the function of the thyroid gland.

Thereafter many internal secretory enquirers ran to and fro, and knowledge was increased. England again took the lead in the passage from Physiology to Pharmaco-dynamics in the internal secretions. was made in 1800 by Prof. Sir George Murray, who gave to the world an account of a case of myxædema —a thyroid deficiency—for which thyroid extract

was fed as a physiological redress.

The case and its brilliant result of treatment by thyroid gland-juice opened the floodgates of therapy by internal secretions, which soon overran the narrow limits of proven ductless gland defects, until there is scarcely a nook or cranny of the body, and certainly



not a disease, for whose requirements as well-being or cure some internal secretion has not been experimentally prescribed. The detail has been bewildering, the results, positive or negative, have been surprising, but out of an enormous mass of empirical haphazard some useful generalisations have emerged.

THE BEGINNINGS OF INTERNAL-SECRETION THERAPY.

Brown Seguard's experiments on himself and others with orchitic material had already excited a diffused interest in the therapeutic powers of animal extracts. But the empirical nature of the procedure,* the lack of specificity in the medicament employed, and the personality of the prime mover, conspired to make this initial step to many merely an affaire pour rire. Not thus was organo-therapy to take its place as a certified addition to the forces which make for cure. In 1884, at an International Medical Congress at Copenhagen, the association of the disease termed myxœdema with thyroid defect was first clearly established. In 1888, a Committee of the London Clinical Society, appointed thoroughly to investigate the matter, reported in terms of complete confirmation of the finding of the Copenhagen Congress. Now came the perception and the initiative of genius.

THE FIRST IMPORTANT GENERALISATION: "SUB-STITUTION THERAPY."

Soon after the Copenhagen and London pronouncements, Professor Sir George Murray devised the clinical counterpart to pathological sequence of thyroid defect and myxædema. If this latter disease was due to thyroid deficiency, why not make good the shortage?

I.—Thyroid Substitution Therapy.

The earliest case of Sir George Murray is here cited: The patient, a woman of 46, had been ill with this disease for four or five years; her face was blank and expressionless, the features enlarged and thickened;

* "Much interest was aroused by the work of Brown Sequard in 1889 upon orchitic extracts, work which demonstrated great lack of critical power in its author . . . It is probable that a good deal of Brown Sequard's personal benefit under this treatment is to be attributed to suggestion." (Professor Swale Vincent.)



the speech was drawling, and the bodily action slow. The hands and feet were unwieldy; the skin fine and powdery, the remaining hair thin; the bodily temperature ranged between 95.6 and 97.2. There had been no period for six years, and no perspiration noted for four years. The natural juice of a sheep's thyroid was injected into the tissues. In three months the disease had vanished; the body temperature became normal, the regular period had returned, the skin now perspired, the facial and other deformities had disappeared. Thus ended stage one of treatment.

Stage two now commenced (1891) and has steadily continued up to the last date of report (1914). The patient was then alive and well, and had been kept in good health by the daily injection of 10 minims of thyroid extract, or $6\frac{1}{2}$ oz. in the course of a year. Less than a gallon of thyroid extract in all has there-

fore maintained her health for twenty-two years.

This is Substitution Therapy in excelsis. The selected case was fitting, the issue dramatic and the method has never been improved on. The lead thus given in the treatment of myxædema was followed up for cretinism, and a typical case is given by Hertoghe:

A boy born a cretin was at the age of fourteen years, twenty-nine inches in height—the normal height at eighteen months: the entire body was infiltrated; through the gaping mouth the bulky tongue protruded; the abdomen was protuberant, the extremities bent, constipation was invincible; his intelligence was nil, speech being represented by a few grunts. Thyroid substitution-therapy was commenced, and seventy days treatment the growth in height was four inches; after two years and nine months treatment the height had increased by six inches; the abdomen was lessened in bulk; the infiltration of the limbs diminished. After twelve years treatment the height had increased by 27½ inches: the intelligence had developed, the general capacity that of manhood.

Surely Osler's panegyric on thyroid therapy in cretinism is justified here:—" Not the magic wand of Prospero or the brave kiss of the daughter of Hippo-



crates have effected such a change as we are now enabled to make in these unfortunate victims, doomed heretofore to live in hopeless imbecility and unspeakable affliction to their parents and their relatives."

II.—Adrenalin Substitution Therapy.

Addison's recognition in 1855 of the disease which bears his name was a masterpiece of clinical work, but it left the malady stranded as a clinical curiosity. Now the epoch-marking success with the thyroid acted as an inspiration to strivings after supra-renal therapy for supra-renal defect. Point and impetus were added by the discovery by Oliver and Schafer in 1891 of the extraordinary powers of the supra-renal internal secretion, and later by the identification of adrenalin as its active principle. Schafer wrote that: "If only so much as a grain by weight of supra-renal capsule be extracted by alcohol, and this alcoholic extract be allowed to dry, redissolved in salt solution, and injected into the blood, the results which are obtained, considering the minute amount of substance added, are certainly most extraordinary."

Naturally, this paved the way for its immediate and eagerly watched for trial on the lines of substitutiontherapy in cases of Addison's disesase. Nor was the necessary swallow to provide the outlook of summer lacking at the commencement, for some of the earlier reported cases gave colour to optimistic expectations. Oliver in 1895 gave his experience in two instances of the malady named after Addison: "In both I observed an increase in weight and the disappearance of nausea and anorexia. In one the pigmentation after three months was not very noticeable. The cardiac and venous murmurs have disappeared, the patient is able to walk with comparative ease; in fact, it is in every respect a resurrection." This was in 1890.

In 1897 Dr. Byrom Bramwell contributed the ensuing case, which at first blush seemed to justify optimism.

A man at thirty-seven had for two years noticed increasing skin pigmentation. He complained of extreme languor and debility: was faint and giddy on



stooping, and breathless on exertion. Vomiting had occurred for the last three months: the heart sounds were feeble so as to be almost inaudible.

Supra-renal treatment by injection was carried out twice weekly: in a fortnight a manifest improvement occurred in the colour of the skin and in the general health: the patient could take physical exercise and once again attend to business. After a year's treatment he could walk a distance of eight miles; before, he was so feeble as scarcely to be able to dress or undress: a second year elapsed of fair health, when he died after three or four days illness from some toxic condition. Examination showed "absolutely nothing left in the body which could properly represent a supra-renal capsule."

Sir William Osler, some time later followed with a

case similar to the foregoing:—

A man æt twenty-one, delicate-looking, with marked pigmentation of the face and lips, had an extremely feeble pulse, irregular, intermittent. Nausea and vomiting with vertigo on several occasions, were further distresses. Supra-renal treatment was commenced in July, 1899: with little change until early in 1901. Improvement then commenced, and continued. Seen in October 1901, he looked practically well, except that the pigment persisted. The pulse remained under 90 per minute. In November he died after three to four days illness from an acute indeterminate infection. On examination "the adrenals were sclerotic and had completely disappeared." The adrenal extract had been continued without break up to the last illness.

In 1903, Adams published an analysis of 105 cases of Addison's disease, treated with supra-renal preparations. Of these seven were made worse and forty-eight derived no real benefit: sixteen were "permanently relieved." These figures justified his plaint that supra-renal feeding in Addison's disease has by no means given results comparable in brilliance with the effects of thyroid treatment in myxædema.

Even the limited esteem implicit in this criticism has grown smaller by degrees and emphatically less as further years have supplied ampler tests. Thus Batty



Shaw in 1905: "Unless grafting of the supra-renal is made practicable there is little or no hope of curing Addison's disease by organo-therapy" and Elliott in 1915 administers the coup de grâce "Neither with animal experiments nor in man has treatment with adrenalin proved to be of value in prolonging life."

In every method and application known up to the present, substitution-therapy here will not work. The parallelism between thyroid and adrenal medication for defects of the respective internal secretory output cannot be maintained. It did not exist. It was found often impracticable as well as void of result to feed supra-renal internal secretion for Addison's disease in the same way as thyroid internal secretion for myxædema.

III.—Pituitary Gland.—Substitution Therapy.

Various observers had worked at sundry times at an extraordinary disease known as acromegaly: but it was reserved for Dr. Pierre Marie, a French physician, to demonstrate in 1885 its character as a disease of the pituitary gland. The variety and generalisation of the symptoms and signs indicated a central origin: overgrowth of the "acral" tissues, and later, grave nervous perturbations, constitute the disease one of gravity if fortunately of rarity. Marie's demonstration of its contingency upon pituitary disease has made his work classic: so familiar did he become with the outward and visible signs of the disease that on one occasion, travelling by train, he entered into conversation with a fellow passenger whom he had diagnosed as suffering from acro-megaly. The passenger was much surprised when after a few minutes Marie told him that his tongue must be enlarged. He had already discovered the fact for himself, but wondered a stranger in the train could have known it.

A striking human document was issued two or three years ago by Leonard Monk, who was both medical observer and patient in one. Dr. Monk followed the detail of his case with great acuteness, and all is given with the saving grace of humour in his book on himself published in 1913.



"For the first period of fifteen years most of the troubles in my head were of the neuralgia type, and accompanied by great restlessness and desire for active movement. Whereas during the later period of fifteen years the lethargic or fatigue type has been much more pronounced. One would like to know whether one period may not have been influenced by an excess, and the other period by a diminished amount, of pituitary secretion."

And here is the wisdom of experience: "It is easy to understand my reluctance to drug myself indiscriminatingly with pituitary extract, if by so doing, I may shortly find a place in the ranks of the martyrs

to science."

Conclusions as 'to the Range of Substitution Therapy.

Obviously the case of thyroid deficiency and its replenishment is not parallelled by that of shortage in the output of the adrenal or pituitary internal secretions. Whether in these latter instances the failure of substitution therapy be due to lack of physiological precision in the use of an alien secretion, or in its uniform continuous supply: or to the opposite pharmaco-dynamic action of maximal and minimal dosage: the fact remains that the syndromes of Addison's disease and acromegaly are not controlled by the artificial supply—by methods hitherto adopted— —of the corresponding internal secretions. Cattle puts this point succinctly. "So far as I am aware no cure either of pronounced Addison's disease or o acromegaly has been recorded. Thus the brilliant prospects of treatment by means of animal extracts, opened up by the signal success of thyroid treatment have not so far been realised."

II.—ACTIVATION THERAPY.

Were the therapeutic powers of the internal secretion limited to substitution-therapy, the method might be simple in adjustment, but certainly limited in range. Comparing things that differ, it would be as the regular supply of alien pepsine to a digestive



equipment, whose pepsine production had ceased. Properly speaking, this is not therapy at all; and not thus are the actual curative values of internal-secretory therapy to be exploited.

While working with thyroid as a substitution-substance, it was incidentally discovered that various symptomatic states, such as enuresis, and various organ-diseases, such as psoriasis, might be cured by the administration of thyroid in comparatively small dosage, and within a time-limit. Similar abiding results were and are obtained with other internal secretions as therapeutic measures in other maladies. and in particular, as with adrenalin and pituitrin. where substitution-therapy as hitherto applicable, had failed. In yet other instances it was found—as with thyroidin,—that when substitution-therapy had been properly commenced in time, continuous dosage or any dosage was no longer necessary. The disease e.g., myxædema, had been cured; the daily output of the thyroid internal secretion no longer needed alien supplement. What had occurred?

Hallion's Law.

With the inimitable faculty of the French for terse generalisation, M. Hallion has thus discerned and stated the process underlying this curative issue;

"Extracts of an organ exert on the same organ an exciting influence which lasts for a longer or shorter time. When the organ is insufficient, it is conceivable that this influence augments its action: and when it is injured, that it favours its restoration."

This brings the curative action of internal secretions into line with the activation of the hæmoglobin molecule in anæmia by iron, and of the lecithin complex by phosphorus. Plenty of iron and of phosphorus exist in the daily food: what is deficient is the fixative power of the corresponding anabolic processes for these elements. Plenty of crude material for the building up of the internal secretions exists in the proteins of the blood: it is in internal secretory defect the constructive power that is primarily lacking. The necessary stimulus in these cases of cure is afforded



by the introduction of e.g., thyroidin or adrenalin in balanced quantity repeatedly into the blood stream.

Activation-therapy as Quantitative Control.

Let us examine this solution of the problem of activation more closely. Harrower, in validating Hallion's law, states that "it has been proved again and again entirely possible to regenerate that part of the gland which is not yet beyond the hormone stimulus; and even to cause a hypertrophy of the tissue thus regenerated." Here is implicit the selective action of a particular stimulus — the hormone therapeutically given—on a particular tissue—the part of the internal secretory gland in defect. This hormone-stimulus permanently heightens the lowered dynamic of the internal secretion—it cures the case: and increases the area of secretory cells, "even causing a hypertrophy of the tissue thus regenerated."

But this activation can scarcely be due to a quantitative addition to the hormone content of the circulating The activating powers of a therapeutic unit, e.g., of thyroidin or adrenalin, are infinitesimal as compared with those of similar unit-quantities already active within the body, the product of its own secretion. Even when reduced say to half quantity by disease, the moiety still in circulation must have a much greater total activation effect than a therapeutic-unit quantity occasionally introduced into the blood stream. Is the quantity daily provided by the gland-activity, and circulating in the blood, devoid of an activating power which a fraction of its totality, introduced artificially, is able to exercise?

—Or as Qualitative Stimulus.

The law of Hallion is visualised much more clearly in operation when the action of the therapeutic unit is considered to be qualitative. The curative dose is of higher grade material than that, ex hypothesi, produced by gland cells in a state of defect or disease. Truly, this view implies a physiological declension in activity of the whole gland output, or the residual



healthy tissue would secrete a product of the same grade as the therapeutic unit. Certainly it is an interesting conception that the physiological grade of each internal secretion may be conditioned by the specific tonic influence of each on its own ductless gland. This of course implies that no hetero-genetic differences exist in hormone-therapy, between the values of internal secretions, e.g., thyroidin or adrenalin when derived from man or the lower animals.

Activation-Therapy at Work.

Historically, the first reported case of thyroid treatment for skin disease is of peculiar interest. The clinician was Dr. Byrom Bramwell, and the inspiration came from observing the exfoliation of skin during the cure of cases of myxœdema.

The patient was aged eighteen, the disease, psoriasis, of nine months development. The eruption was universal: the scalp, the back and front of the trunk, and upper and lower extremities were thickly covered with "an eruption in many places of an angry red appearance, the crusts being of a dark purple colour." Treatment commenced on February 4th, and consisted in administration of a quarter of a raw thyroid gland daily. The controlling hand of crude organo-therapy is here in evidence.

February 10th, six days after commencement, a distinct change for the better was obvious: on February 14th, "the eruption was being shed as large scales." By February 16th, the improvement was most marked: and on March 1st the eruption had in great part disappeared. Seen on April 1st, an arrest in improvement seemed to have occurred: the thyroid treatment was discontinued, and Arsenic substituted. "The effect was disastrous."

On April 11th Arsenic was discontinued, and thyroid treatment again commenced, on this occasion not with the crude gland, but with an extract (liq. thyroidei): On April 14th improvement was noticed in the patches of eruption. But by May 3rd" the eruption had completely disappeared from the scalp, limbs, and trunk: the patient had gained a stone in weight." On June



6th, the record was "scalp and skin absolutely normal and healthy": the patient was well.

This epoch-marking case was historically the first of a series, which since has swollen to immeasurable dimensions, of thyroid cure of skin disease. Activation of the defective thyroid secretory values by the administration of an alien secretion, presumably of higher potential, issued in permanent restoration to normal. This is activation-therapy,

Activation-Therapy is Empirical Therapy.

The great mass of internal-secretory therapy, is by activation; and hitherto this therapeutic is entirely Professor Elliott succinctly states the empirical. case with regard to the therapeutic uses of adrenalin: "their value has been established by clinical observation, and like so many of the useful facts of medicine, does not at once flow from the guiding eneralisations of pathology." And specifically, "the great relief experienced in acute attacks of asthma as the result of hypodermic injections of adrenalin is a purely empirical discovery in medicine. It is a good illustration of the manner in which medicine is aided by those who try things, and do not wait to move until the step is completely justified by a formal theoretical explanation of the benefits expected to accrue from it." Equally explicit with regard to the empirical character of thyroid therapy is Harrower: "an immensely valuable procedure which is 'quite unscientific' but And Ewan Waller thus none the less resultful." sarcastically dilutes the praise of Professor Elliott for those who "try things": "Thyroid extract. for instance, has now been prescribed for almost everything, and according to innumerable authors, with good results. Yet when we come to continued clinical trial, which is the crucial test, we find that thyroid treatment will overcome a given symptom in one case, and utterly fail in another."

ADDENDUM.

For clearness in presentation, the case of internalsecretory therapy has been reduced to its simplest



elements: but as in all biological problems, actuality in working is more complicated than is pourtrayed by detached consideration.

Complexity is introduced by multiplicity and divergence in the structural hormone-secreting units, and, by the intricacy of functional balance by which uniformity in hormone work is maintained.

Packed in various parts of the economy, often with no local import, each structural hormone-secretory unit lives and works in anatomical isolation from the rest, but with the keenest physiological sensitiveness attuned to the faintest murmurs of what is transpiring in other distant units, and reciprocating automatically at once.

The normal hormone balance is the resultant of all the hormone forces at work, in stable proportion, in the body. How numerous are the hormone forces that enter into this composition may be indirectly inferred. Starling gave the name "hormone"—chemical messenger—to those substances, produced in one part of the organism, which circulated in the blood for the physiological requirements of parts at a distance. In this conception there is nothing of "balance."

Schäfer considered that the internal secretions thus circulating exercised either stimulus or control over the responsive tissues. The former he termed "hormones," the latter "chalones." This view amplified the scope of internal-secretory action, but left co-ordination wanting.

Biedl, quoting Gaskell, takes a much wider outlook. In his view, each hormone, when in defect, cancels the balanced control over a reciprocal and antagonistic hormone (dis-assimilatory hormone), and it is the disturbance of normal balance thus envisaged that eventuates in disease due to hormone defect.

The elements thus entering into disease from internal secretory defect or excess are bewildering in their complexity. The secretory powers of a ductless gland is e.g., injured by extraneous disease. The output becomes qualitatively or quantitatively defective. Its own special work to this degree undergoes shortage. The catabolic antagonist, its own specific dis-assimila-



tory hormone, has so much detent removed and destroys instead of builds. Each and every one of the ductless glands throughout the body has its normal contribution to the working-hormone-totality altered.

The synergistic internal secretions, quoad that in defect undergo quite a limited compensatory increase. The antagonistic internal secretions—at least temporarily—further render the abnormal equilibrium unstable. This is well seen in the internal secretory perturbations of the menopause.

In internal secretory disease, the circle of perturbation ensuing may be broken up at various points by a corresponding internal-secretory therapy. hormone-secretion in defect may be restored by a corresponding administration. Or the results of the release of antagonistic hormone-energies may be met by one or another hormone control; or palliative therapy may resort to life-long substitution. But in each and every case, the internal secretory syndrome is always constituted by symptoms contributed by all the ductless glands primarily or secondarily involved. Harrower again puts the point succinctly: "pituitary medication does not cure hypo-pituitarism, probably for the same reason that Addison's disease is not usually answerable to adrenal therapy, and thyroid therapy will not entirely replace an absent or atrophied gland." What fortunately allows internal-secretory therapy to be at least approximately effective, is the dominant influence exercised by the main defect, and consequently by the main remedy.

The case for Homoeo-therapy in the sphere of internal-secretory defect will be presented in the next and concluding paper.

LETTERS FROM THE FRONT.

26.12.16.

DEAR DR. WHEELER,

What we all hope is the last Christmas we shall spend in this place is over and gone, and now we look forward to spring, with its promise of push, progress, and (?) peace.



We have had quite a jolly English Christmas, very different, from all accounts, from the last one this unit spent here, when they had only just arrived from England, and were short of everything that makes life comfortable.

Christmas Day was one of the finest and sunniest we have had since I came, quite warm in the sun, and butterflies and wild flowers came out to enjoy the wonderful weather.

After my work in the morning, another officer and I went mushrooming! Yes, Agaricus campestris grows plentifully on the hills around, and often graces our breakfast dishes.

For the entertainment of patients and staff, there were concerts, provided both by local talent (i.e., our own unit) and by a clever pierrot troupe from a neighbouring convalescent camp.

And for the entertainment of all and everybody, a hostile aeroplane came over at midday, only to retire unhurt (so far as we could see) after having many shells sent after it by guns from the town. These enemy machines have a wholesome respect for our anti-air-craft guns, a respect born of sad experience, and they fly so high as to be mere specks in the sky.

Well, I have been here nearly three months, and time is flying very much faster than I ever thought it would—but not too fast for me. "Here" is a stationary hospital not far from Salonika (I had better not give the exact address, in case you want this letter to adorn the pages of the "WORLD," as Censor's regulations are strict).

We are a hospital of 800 beds, in marquees, and the officer staff consists of a dozen of us M.O.'s, besides the C.O. and Quartermaster. R.A.M.C. orderlies take the place of nursing sisters.

A large proportion of our patients is made up of Greeks (or rather Cypriots) and Maltese, and some Arabians, all of whom are employed by our army here, as muleteers or labourers of some sort.

We have a staff of interpreters for purpose of prescribing for these natives, but I am learning Greek in my spare time, and find it a very easy language, all



the more so as it has changed very little from the "dead" language I learned at school.

As to treatment, I have my case, of remedies here, and use Homœopathy whenever possible, but on account of both the large number of patients and the difficulty of eliciting symptoms through an interpreter, scientific prescribing is decidedly difficult. But I have had some satisfactory results, and I find that when the indications for the Homœopathic remedy are clear, that remedy acts in a marvellous manner on the unspoilt systems of these natives.

I am keeping short notes of all cases that I treat homeopathically, and if I have enough that are of interest I will tell you shout them later or

interest, I will tell you about them later on.

I have some English patients too, and with them of course it is easier to prescribe, though, as a matter of fact, my most satisfactory cures so far have been amongst the natives.

Up to recently, the most prevalent disease we had to treat was malaria, and we are still getting cases of

relapse of that disease.

Of course, a great quantity of *Quinine* is used here, and in most cases it will cure an attack of malaria—for the time being. But *Quinine* does not effect a true cure in the majority of cases, nor does the prophylactic use of *Quinine* in daily doses of 5 or 10 grains seem to prevent attacks.

It is exceedingly difficult to dig deep enough into the patient's symptomatology to get a remedy that will really cure the malaria, and not simply suppress for a short time.

In one case, a Maltese, Sepia (in the 200, and single dose) did what repeated Quinine had failed to do, but time and opportunity are against obtaining many such results.

Now that the weather is less warm, malaria is almost quiescent, and rheumatisms and bronchitic affections are increasing.

The chronic rheumatism of the Greeks (a very common complaint amongst them) is a most trouble-some and unsatisfactory thing to treat. Of course, a certain proportion of such cases is accounted for by

"skrimshanking" or malingering, at which art the Greek is past master, and rheumatism is an easy disease to simulate, and an exceedingly difficult one to determine if it is genuine. Many of these rascals will be groaning with apparent pain in their beds when one goes round the wards in the morning, and directly after and for the rest of the day up and about as lively as young lambs (though hardly as innocent). So the medical officer has to rely more on the observations of the orderly than on the patient's statements and appearance.

One is not overworked here, but there is plenty to occupy spare time, horse-riding, walking, Badminton, (on a open-air court made by the officers), and for wet days and dark nights there is an excellent library of fiction and medical works, chess, and cards.

It is usual to load this unfortunate region with all sorts of opprobrious epithets, but personally I find life here very bearable.

The country, though bare and desolate, has a rugged beauty of its own, and the sunsets are wonderful—indescribable.

I cannot say with truth that I am looking forward to the summer here, as from all accounts the heat and flies combine to take the edge off one's joie de vivre. But sufficient unto the day—and lots of things may happen before June.

I fairly frequently meet Major Rowse, who is at a neighbouring hospital, and it is nice to have another member of our staff so near.

I forgot to mention that, through the kindness of a certain lady who is adding one more to the never ending list of her good deeds, the dispensary here will soon be supplied with a small stock of the principal remedies I need, in the sixth potency, and this will make my homeopathic prescribing much easier, and, I hope, encourage me to use our remedies still more.

In cases where I cannot prescribe homeopathically, all I can do is to refrain from doing the patient harm with strong drugs, and use natural therapeutic measures as contained in diet, massage, exercises, etc.

I shall not be sorry to come back to conditions in



which one can always treat homeopathically, with good hopes of a cure. But I am truly thankful to be afforded some scope for our system of medicine.

I often think of the L.H.H. and all my friends and colleagues connected with it, and never appreciated it and them more than I do now, when I am far removed from sight of and contact with them. May I see you all again before many moons have waned!

Every good wish for the New Year to yourself, the "WORLD" and Homœopathy, and all homœopaths, From yours very sincerely,

H. FERGIE WOODS.

A URINARY TEST FOR T.N.T. ILLNESS AND THE EARLY DIAGNOSIS OF CASES SUFFERING FROM T.N.T. ABSORPTION.*

By BENJAMIN MOORE, M.D., F.R.S.

It has hitherto been a difficult matter to follow up T.N.T. after it has once entered into the system. The reason is that T.N.T., like many other toxic substances, becomes bound up in the body in a reaction which changes it for the time being and probably renders it less poisonous. Once it has passed into the system and been so dealt with it is no longer taken up by the well-known solvents for it, and must be set free again before it can be recognised by chemical tests.

Thus, a sample of urine from a T.N.T. worker loaded up with the altered T.N.T. can be extracted with a T.N.T. solvent, and yet not a trace be discoverable in the extractive.

It is necessary that the substance be set free with acid, and now when it is extracted with an appropriate solvent the characteristic reactions of T.N.T. can be obtained from the solution in the extractive.

A considerable experience in testing many hundreds of urinary samples from T.N.T. operatives has led to the following precise way of carrying out the test.

* From The Medical Press.





Webster's Test for Presence of T.N.T. in Urine. Measure out $12\frac{1}{2}$ c.c. of the urine in a measuring cylinder, then add 12½ c.c. of diluted sulphuric acid, made up by mixing 20 c.c. of strong sulphuric acid with 80 c.c. of water. Pour the mixture of urine and acid into a separating funnel of 100 to 150 c.c. capacity and provided with a stop-cock. Add to the mixture 10 c.c. of ethylic ether (the ordinary ether made from methylated spirit is suficiently pure for the purpose), shake up well and allow to settle, take out the cork or stopper from the top of the separating funnel upon the stop-cock at the bottom and allow the mixture of acid and urine to run off, then turn the stop-cock off so as to retain the ethereal solution in the separating Now add 25 c.c. of tap water to the ethereal solution in the separating funnel and shake up again to remove the traces of the mixture of urine and acid and allow to settle again for two or three minutes, then run off the water by opening the stopcock, retaining the ether in the funnel. Finally, let the ethereal solution flow into an ordinary test-tube, and try for the presence of T.N.T. in it as follows: Prepare a solution of alcoholic potash by dissolving 4 to 5 grams of caustic potash in 100 c.c. of methylated spirit or absolute Where many tests are to be carried out this solution may be made by having a stock saturated solution of caustic potash, and adding, when a fresh quantity of the reagent is required, 10 c.c. of this to go c.c. of alcohol.

To the ethereal solution obtained as above described 5 c.c. of this alcoholic solution of potash are added. When T.N.T. be present a purple coloration is at once developed, varying in intensity according to the amount of T.N.T. present, from the faintest trace to a deep purple. The colour changes rapidly from the purple to a brown colour, and it has been found that the best results as to intensity are obtained by judging rapidly after the colour is struck.

It is easy for each observer to develop, after a little experience in using the test daily, an arbitrary scale of intensity which will enable him to judge degrees and follow relative intensities in the urine,



and so the progress of measures such as cleansing of the patient's clothing and person and removal from contact with T.N.T. In elaborating the test a scale represented by trace, 1, 2, 3, 4, and *intense* has been used.

At present it is impossible to construct a better scale, as the colours of comparative solutions of known strength in T.N.T. vary so rapidly, and as the substance so isolated from the urine does not behave exactly like T.N.T. Also, bodies present in the urine and reagents vary the intensity of colour and speed of fading out. However, in the manner described above a fairly good rough standard of intensity can be obtained serviceable for clinical work and experimental observation.

A little experience enables the observer to carry out the test quite rapidly, and a single test can be made when all is ready, in four or five minutes. a large number of tests have to be made daily the chief loss of time is occasioned by waiting for the layer of ether to clear off at the top of the mixture. This can all be obviated by employing a battery of about eight separating funnels and carrying on from one sample to another while the settlement takes place. The eight ethereal extracts after treatment as above described are run off innto eight test-tubes of equal Another eight test-tubes have previously had marked off upon them roughly about 5 c.c., and have been filled to this mark with the alcoholic potash, and this is now poured off from each of these latter test-tubes into the ethereal extracts, and the results noted down. Working in this way twenty to thirty tests may be made in an hour, and comparative results so obtained possess an enhanced value over separate tests until the observer has become well accustomed to making the test.

The test is not a difficult one to perform, and when efficiently carried out demonstrates in nearly all cases of T.N.T. workers the presence of T.N.T. passing through the system, but in very varying degree. Some show scarcely any absorption, others give an intense reaction.



Now as to the judgment on the test and its applications clinically: these must not be made solely on the intensity of the test. There are many workers on T.N.T. whose urine will give the test intensely at night after working during the day, and before going back to the next shift of work the urine may be quite or almost clear. These are not the persons who are in any immediate danger. The real value of the test is two-fold: first, in clinching a doubtful diagnosis on clinical symptoms (previous to the appearance of toxic jaundice), and, secondly, in watching the clearance of the system from T.N.T. after isolation from T.N.T., and judging whether isolation and other precautionary measures have been efficient.

When there is doubt as to the presence of the diagnostic symptoms of T.N.T. illness to be presently described, and whether the patient ought to be "stood off" T.N.T. work, then the test should be made, and if it gives a fairly high result the patient should at once be taken off work on T.N.T. and the urinary test made, if possible, daily in the succeeding two or three days.

If the urine clears up within twenty-four hours, and clinical symptoms confirm this improvement, the case may be diagnosed as one of the less harmful ones of absorption by swallowing, or not really a case of T.N.T. illness. If, on the other hand, the urinary reaction after removal from work and separation from soiled clothing persists for three or four days, it is almost certain that the case is one of the more serious ones of a susceptible skin, and such a person ought to be permanently removed from T.N.T. work.

In all cases of applying the test, but more particularly in the case of persons removed from work as suffering from T.N.T., care should be taken to judge between accidental contamination of the sample of the urine by T.N.T., and T.N.T. which has actually passed through the body. Fortunately this distinction is easily made because of the way in which the system binds up the T.N.T. Where contamination is suspected, and it is fairly frequent, it may be at once detected by omitting the acid in the above test, and



either extracting the undiluted urine or, after dilution with an equal volume of water instead of the acid.

When a positive result is obtained without acid it may be set down to contamination in the act of passing the urine from clothing, skin, or hair. The detection of this contamination is in itself valuable, as it shows that the patient has not carried out instructions, and while supposed to be free from contact with T.N.T. is still exposed to it.

Even in such a contaminated urine the degree to which T.N.T. is continuing to be absorbed can still be actually followed up. All that is necessary to do is to shake up the urine, without any addition of acid, with ether as described above, then the test in this quantity of ether shows the degree of contamination. The unacidified urine instead of being thrown away is caught in a vessel. This is now free from T.N.T., due to contamination, and can be utilised for carrying out the test as to how much is passing through the system. All that is necessary is to take the usual quantity of the urine extracted without acid, add an equal volume of the 20 per cent. sulphuric acid, the necessary amount of ether, shake up, separate, wash the ether, and test.

TRINITROTOLUENE POISONING.*

Before August, 1914, there had been little practical experience of the toxic action of trinitrotoluene (T.N.T.) No ill-effects had been observed from the small quantities used, and it was generally believed to be much less toxic than dinitrobenzene, which had been manufactured in this country on a small scale for many years, and been used as an ingredient of explosive powders in a proportion rarely exceeding 15 per cent. During the past year, however, T.N.T. has shown itself to be dangerous to the health of at least a minority of workers coming into contact with it, and has produced fatal toxic jaundice in fifty cases out of many thousands of workers engaged.

* Reprinted from The Medical Press.



As soon as the dangers from T.N.T. became obvious administrative measures for their control, including medical supervision in all the factories, were taken, and scientific investigations into the modes of action of were organised. Whatever light is being thrown upon T.N.T. poisoning by such investigation is communicated to the responsible medical officers in the factories concerned for their guidance. cases of illness, however, attributed rightly or wrongly to T.N.T. poisoning, have, or may, come to the notice of medical men outside the factories, and it appears desirable accordingly to make generally known to them the present state of knowledge in this matter, as on them now devolves the duty of notifying toxic jaundice contracted in a factory or workshop to the Chief Inspector of Factories at the Home Office, London. Apart from such statutory notification communications from medical men based on observations of any serious effects attributed to T.N.T. would be valued, and might be addressed to the same quarter. It is hoped to make in the early future further communications of results obtained by investigation.

Trinitrotoluene, also known as T.N.T. and trotyl, is a high explosive obtained by nitrating toluene—a product of coal tar distillation. Toluene is a benzene compound in which one hydrogen atom of benzene (C_6H_6) has been replaced by the radicle CH_3 . In the process of nitration three other hydrogen atoms are replaced by the nitro radicle (NO_2) , and the formula for T.N.T. may be written C_6H_2 $(NO_2)_3$ CH_3 .

This body is solid at ordinary temperatures, in which state it can be reduced to a fine powder; it

melts at about 80°C.

When the skin or hair is exposed to T.N.T. by contact a characteristic yellow or tawny-orange stain is produced, which lasts in the integument for some weeks. Derivatives of T.N.T. produced by the action of alkalis have characteristic colours; if a dilute solution of T.N.T. is treated with alcoholic potash a deep pink colour changing to purple and then turning brown results. Skin which has absorbed T.N.T. has a bitter taste to the tongue, which is



removable by solvents of T.N.T., but not by water, as in ordinary washing.

T.N.T. is soluble in oils and greases as well as in acetone, ether, benzene (benzol), xylene (xylol), and other compounds, and the importance of this will be referred to later. Alkaline alcohol changes the yellow stain in the skin to pink or purple, and the T.N.T. thus chemically changed is soluble in, and can be washed out by, water.

T.N.T. is used alone as a fine powder, or in a flaked condition, or in the molten state, from which T.N.T. in vapour escapes and is deposited in the form of a fine crystalline sublimate upon any surface of lower temperature than about 70°C. When mixed with 40 per cent. to 60 per cent. of ammonium nitrate it is known as amatol, and with 20 per cent, of ammonium nitrate as ammonal. T.N.T. as used is often impure, and contains traces of dinitrobenzene and other similar bodies, but investigation has produced no evidence of its poisonous properties residing in impuri-Pure and crude T.N.T. are equally toxic, and in no cases have the separated impurities been found more potent than pure T.N.T. The separate T.N.T. isomers have also been carefully tested, and their toxicity appears to lie either at or slightly below the toxicity of T.N.T. Of the cases showing jaundice about 27 per cent. have arisen from pure T.N.T., 67 per cent. from amatol, and 6 per cent. from ammonal. Possibly the hygroscopic nature of ammonium nitrate may assist absorption through the skin.

DINITROBENZENE POISONING.

A natural guide to the new experience of T.N.T. toxicity is to be found in the older knowledge of that due to dinitrobenzene (D.N.B.). It has long been known that D.N.B. may be readily absorbed by the skin, and it may be supposed that this absorption is affected or aided by the solubility of D.N.B. in the cholesterin fats of the skin or of greases used either in factory processes or as ointments. It may perhaps pass the skin by the mechanical inunction of minute particles.

The most obvious results of D.N.B. poisoning by





of poisoning.

skin absorption are changes in the red blood corpuscles. As in nitrite poisoning, there is a conversion of oxyhæmoglobin to the more highly oxidised form methæmoglobin, and this change, if large in amount, produces breathlessness and cyanosis (both removable by breathing pure oxygen), which last until the body has been able to reduce the methæmoglobin to the natural form. Beyond this simple chemical result there may be, as the poisoning is more severe, hæmolysis, with degeneration of the corpuscles and escape of methæmoglobin to the plasma. In severe cases evidence will be found not only of destruction of the red corpuscles, but also of activity in the blood-forming organs; nucleated red corpuscles may be found in severe cases, with evidence of imperfectly developed corpuscles, as shown by the occurrence of basophil granulations, polychromasia, and variations in shape and size. Lymphocytosis may also occur.

If the dosage of absorbed D.N.B. is not too great blood formation seems able to keep pace with blood destruction; cessation from work for a short time enables the blood to recover rapidly from the effects

In D.N.B. poisoning, these effects upon the blood are by far the most prominent feature. In very rare cases toxic jaundice may occur. Thus in 1906 a dinitrobenzene worker, after three months' employment, died in the Huddersfield Infirmary, having been admitted for symptoms of cyanosis, vomiting, jaundice, and dyspnæa. Post-mortem the liver was stated to have resembled that of acute yellow atrophy.

These facts suggest that (a) while D.N.B. upon absorption produces in all persons alike its chemical effects in the blood, varying in degree according to dosage (this being dependent again upon conditions of work, precautions taken, and perhaps upon varying greasiness or permeability of skin), and according to individual powers or opportunities for blood recovery; (b) it produces as an additional phenomenon liver degeneration only in a small minority of persons in whom the body cells are specially susceptible to the poison.



CHLOROFORM AND DOPE POISONING.

Upon this view of D.N.B. poisoning, an analogy to it may be found in *Chloroform* poisoning. In the vast majority of patients, *Chloroform* only shows its anæsthetic action. In a very small minority, however, it may also give rise to degeneration of the body cells, especially of the kidney or of the liver, and in the latter case it may kill by liver degeneration and atrophy, with accompanying "toxic jaundice."

A further analogy may be drawn from facts recently made prominent in connection with the toxic jaundice investigated by Willcox, which became serious in this country for the first time towards the end of 1914 among persons employed in "doping" aeroplane wings, as the result of the presence in the dope of tetrachlorethane (C₂H₂Cl₄), which, inhaled as a vapour, acts upon nervous centres, and is also a powerful liver poison. The toxic jaundice so caused has now happily ceased since tetrachlorethane has no longer been an ingredient of any aeroplane dope. During the time of its use at least seventy cases of jaundice, with twelve deaths, are known to have occurred. In the fatal cases, the liver and kidneys were always the organs principally affected, and with changes indistinguishable from those to be described as induced by T.N.T. Alteration in the blood was absent, this distinguishing the cases from toxic jaundice caused by nitro-derivatives of benzene and toluene. Here, then, we have a body, closely allied chemically to *Chloroform*, which, while its anæsthetic properties as used industrially are not so prominent, finds a much larger number of persons susceptible to its toxic action on the liver.

TRINITROTOLUENE POISONING.

In view of the old experience of D.N.B. poisoning, it would appear a priori likely that T.N.T. can be absorbed in a dangerous way by the skin, and recent experiments establishing this absorption will be mentioned below. Fine dust and the sublimate of fumes will reach, besides the exposed skin surfaces, the mucous membranes of nose and mouth, perhaps even the lungs



themselves, and must inevitably be swallowed either in the saliva or with the mucous secretions from the nose and windpipe.

T.N.T. may be recovered unchanged from the fæces, and it is probably there present in most of the workers. In the urine it does not exist free except by contamination upon collection, but in the great majority of all workers it is present in greater or less amount in the urine, though in a combined state. Moore has shown that in properly collected urine, not directly contaminated with T.N.T. dust, T.N.T. solvents fail to extract any of the substance. Its presence may be shown, however, by liberating it by acid from a compound in which it is fixed, when it may be revealed by its ordinary reactions. urine test (Webster's) will be given in detail below. Further investigation is now in progress, but it would appear probable that free T.N.T. in the intestine is combined in the presence of reducing substances, just as other aromatic bodies in ordinary digestion of proteins are converted to ethereal sulphates and so eliminated harmlessly by the kidney.

It appears at present best to group the symptoms

of the poisoning under the following heads:

(1) Dermatitis.—This appears to be due to a direct irritant action upon the skin. Some persons are more susceptible to it than others; the effects, like those of other irritants, are increased by flushing and perspiration, and by mechanical friction. Further details will be given below.

Some observers have thought that persons specially susceptible to dermatitis are in some rough proportion less susceptible to T.N.T. poisoning in the other ways to be mentioned. If further observations show this to be true, it may be a sign that some skins hold the T.N.T. in combination and suffer local irritation, while other skins allow a readier passage of it to the blood.

(2) Digestive Troubles.—Gastritis, with abdominal pain, vomiting, constipation (a very constant symptom) with flatulence and distension, may all be early symptoms and may appear in the absence of actual liver degeneration. It would seem probable



that T.N.T. may act as an irritant in the stomach or intestines, as it may in the skin, independently of internal toxic effects.

(3) Blood Changes.—These appear to be the same in kind as, though less in degree than, those mentioned already for D.N.B. The presence of methæglobin may be demonstrated commonly in the blood of workers, though cyanosis and breathlessness are much less evident than in the case of D.N.B. poisoning. Further investigations upon the precise changes in blood are in progress. There seems little reason to doubt that those already recognised are due to a direct action of T.N.T. introduced to the blood as such by absorption from the skin or from mucous surfaces.

(4) Liver Degeneration, "Toxic Jaundice."— While the blood changes due to T.N.T. absorption are less noticeable than with D.N.B., T.N.T. appears to produce cell degeneration more readily, with the resulting toxic jaundice when the liver is involved. Even with T.N.T., however, only a very small minority of persons under present conditions of work have shown signs of toxic jaundice, and the fatal cases have been few in relation to the great numbers of workers engaged.

Upon the comparison already made between the toxic effects of D.N.B. with those of T.N.T. it may be suggested that the very prominence of blood changes due to the former diminishes, by the attention it arouses, the chance of grave poisoning of the liver, and that in the case of T.N.T. the comparatively small note of warning given beforehand allows toxic jaundice to supervene in a certain number of workers who are not withdrawn in time.

The actual signs and symptoms in particular cases will be varying combination of those in these groups.

Physical Signs.—Evidence of gradual absorption is shown by pallor of the face and an ashen grey colour of the lips tending to disappear if the worker becomes excited as by medical examination. Sometimes the lips and tongue are deeply cyanosed. The tongue is generally free from fur. Abdominal distention is usually pronounced.

Jaundice may be conjunctival or general, and often appears suddenly without preliminary warning, rarely before the fourth week of employment. The liver dulness then is variable, and no prognosis can be based on it. Ascites is present in a few cases. Respiratory distress is not noticeable when the patient lies in bed. Pyrexia has occasionally been observed in severe cases which have eventually recovered. Neither bradycardia or pruritus is common. Bile is present in the urine—occasionally sugar and albumen. In fatal cases coma and delirium supervene suddenly, usually about three weeks after the first appearance of jaundice.

Two deaths have occurred among T.N.T. workers from profound anæmia (unassociated with jaundice), with reduction of the red blood cells to one million per cmm. Examination of blood films showed the cells of unequal size, but there were no irregular shapes, poikilocytes or nucleated red blood cells. Microscopical examination excluded pernicious anæmia. The symptoms in one case began with an attack resembling influenza, followed by bleeding from the nose and mouth, petechiæ on face arms and neck, and swollen gums. In this case the characteristic atrophy of the liver was found post-mortem. In the other no evidence in the body of the lesions which are associated with hepatic insufficiency was found. Death resulted from a hæmolytic aplastic anæmia, the amount of the blood-forming marrow having been greatly reduced.

Dermatitis.—Localised rashes, especially where there is pressure or friction as from bands or ill-fitting clothes, are common. The parts most frequently affected are the hands, wrists, face (particularly round the eyes and chin), the neck and the feet. On the hands the rash is most frequently of the cheiro-pompholyx type; sometimes it takes the form of discrete red patches on the backs of the hands and wrists, and on the face and neck, usually as a superficial erythema attended with swelling. In whatever form it appears, pruritus is intense. Fine desquamation usually follows. In a few cases the skin is exfoliated in large flakes. The character



of the rash is frequently altered by a secondary infection through scratching.

Speaking generally, the skin affections due to T.N.T. are not of a severe character, and yield readily to the usual treatment for eczema, though sometimes they are obstinate and show a tendency to spread over the body. To allay the itching small doses of quinine have been found useful.

Differential Diagnosis.—So-called T.N.T. poisoning is apt to be confused with gastric disturbance set up by other causes. The history given by a patient is very often misleading. Many of the workers have no idea as to the nature of the substance upon which they are working, and refer to all explosive powders as T.N.T. The staining of the hands is very little guide, as this condition is met with from C.E. (tetryl or tetranitromethylanilin) and lyddite (picric acid or trinitrophenol).*

The following are of importance for a diagnosis of T.N.T. poisoning:—(1) The characteristic appearance as previously described. (2) The character and situation of the abdominal pain. (3) The presence of constipation and abdominal distension.

Post-mortem Examination.—The outstanding feature is the atrophy of the liver, which in acute cases is reduced to one-half the normal weight. The outer surface is smooth, reddish in colour, with slightly elevated gamboge-coloured areas of various sizes. On section in the red areas the tissue is smooth, flat and firm; the normal lobular pattern is absent, the portal systems being set very close to one another; in the elevated yellow islands the tissue is bulged and

* The effects of tetryl and picric acid are both liable to be mistaken for T.N.T., and may, in consequence, lead to erroneous notification of toxic juandice. Both stain the exposed skin—tetryl a yellow to an apricot colour, picric acid a canary yellow or greenish yellow. They both set up an acute dermatitis, tetryl affecting chiefly the conjunctivæ, the alæ nasi, the sides of the neck, the chin, and, less frequently, the hands, and picric acid the hands and forearms chiefly, very much like T.N.T. Constitutional symptoms from both are slight in comparison with those from T.N.T. No case of toxic jaundice from either has so far been reported, although thousands of workers come in contact with them. Apart from the initial dermatitis (which few handling the substance escape) symptoms of gastritis and breathlessness, with diffused heart pulsation, have been noted from tetryl.

soft; an indistinct lobulation is visible, the lobules being larger than normally. Ascites is sometimes present. The bile in the gall-bladder may be unusually viscid. The kidneys on section are enlarged and icteric; the cortex bulges and the labyrinths are frequently conspicuously yellow. There is considerable engorgement of the pyramids.

The myocardium is pale, soft, and flabby. Petechial and diffuse hæmorrhages are generally found beneath the endocardium, the pericardium, and the peritoneum. They have been observed on the skin, on the rib

cartilages, and elsewhere on the body.

Microscopical Appearance of the Liver and Kidneys.— Microscopically a great part of the liver tissue is found to have undergone complete destruction, associated with a proliferation of fibrous tissue. these areas the necrosed hepatic cells have almost entirely disappeared. The areas of complete destruction correspond to the sunken red areas seen with the naked eye. Where the destruction is not complete the histological picture is almost identical with that of the early stages of ordinary portal fibrosis. The liver tissue is traversed by fibrous trabeculæ enclosing areas of degenerate, partly destroyed parenchyma; in the healthier parenchyma slight degeneration may These areas of incomplete destruction be present. correspond to the raised gamboge-coloured nodules seen with the naked eye. The kidneys show cloudy swelling and fatty degeneration in the tubules.

The jaundice is possibly the result of obstruction, because in sections of the raised areas the bile-dilated intercellular spaces have been found to be confined to the central portions of the lobules, whilst the portal bile ducts have shown catarrhal degeneration and the portal ductules narrowing or obliteration of their lumina.

Predisposition.—Case incidence and proportion of deaths from toxic jaundice to attacks is little affected by sex. Thirty-three per cent. have proved fatal. The fatality under eighteen years of age is striking, eight deaths out of eleven reported attacked. Duration of employment before appearance of jaundice shows remarkable uniformity—at least 83



per cent. of the cases occurring between the fifth and the sixteenth week. In 105 reports on toxic jaundice, not one had been employed for a period less than four weeks. Only two fatal cases have been reported where duration of employment had been more than four months, although thousands of workers have worked a much longer time. would almost appear as though workers could be divided into two classes—the one (and much the insusceptible and remaining so, however much exposed; the other susceptible, and liable to succumb, especially between the fifth and fifteenth Although there has undoubtedly been some association between unfavourable industrial ditions and the occurrence of cases, fatal poisoning has sometimes occurred where exposure to dust and fume at any rate appeared to be quite excluded as, for example, in trolley work outside the building. In one remarkable case, the fatal jaundice developed seven weeks after entire cessation from employment, the deceased having apparently been well during the interval. Long delay in onset of symptoms such as is shown in this case suggests that T.N.T. is gradually absorbed from some part of the body in which it is temporarily stored.

Channels of Absorption.—Moore, with his assistants, working in a T.N.T. factory, set themselves the problem of determining the chief path by which T.N.T. enters the body. The T.N.T. test referred to was used in the belief that it afforded evidence of elimination after absorption, and as a sign, therefore, of the unavoidable effect fo exposure merely rather than of poisoning. Probably T.N.T., after it enters, can be eliminated from the body harmlessly in the combined form in which it occurs in the urine. Experimenting on themselves, and testing also the urine of T.N.T. workers daily for a period of seven weeks, the conclusion come to was that where there is absorption from the skin in susceptible persons the test shows a deeper colour reaction than in absorption from the digestive tract, and this reaction is found to persist for days after removal from



exposure. On the other hand, the urine reaction following on ingestion of T.N.T. disappears in less than twenty-four hours. Absorption through the mouth and by breathing is probably only of less importance because when once work is over these paths of entry are no longer exposed to T.N.T., and the amount absorbed, which is less than that gaining access to the skin, is eliminated before work commences.

Preventive Measures.—In the manufacture use of dinitrobenzene before the war, need for reduction in the dose was well recognised either by arranging for alternation of employment or by allowing the workers such time off as was necessary for their recovery. Experience had shown that long hours of continuous work were impracticable. Similarly, in some large factories where the number of workers and the nature of the processes carried on has permitted of systematic alternation of work on T.N.T. with other work away from it, no cases of toxic jaundice have been reported. And in others, where, on occurrence of cases, alternation has been arranged, the number notified has fallen. Hence, in considering remedial measures against the danger of T.N.T. in circumstances demanding the utmost output, the aim is, apart from removal of fumes and dust, to employ workers over eighteen years of age, to make suitable canteen provision, so that workers can obtain good food on factory premises; to eliminate those showing early signs by frequent medical examination, and to alternate the work or reduce the length of the shift if practicable. Complete protection of the skin is very difficult of attainment, but investigation is being made as to whether this may not perhaps be overcome in another way by the use of solvents such as have been mentioned (benzol, xylol, etc.).

The prophylactic measures adopted, for example, in the Royal Arsenal are as follows:—

- (I) Only persons in good health, and as far as practicable between the ages of twenty and fifty, are employed on T.N.T.
- (2) All workers are inspected by a medical officer once a week.



• ; •

(3) Special clothing is provided, also veils, respirators, and gauntletted gloves.

(4) Employment is alternated fortnightly.

(5) Adequate ventilation in workshops is arranged for.

(6) Mechanical devices are adopted for preventing dust and getting rid of fumes.

(7) Workers are warned against sleeping in the clothing worn at the factory, and advised to have a complete change of clothing on reaching home.

(8) Facilities are provided for obtaining suitable and sufficient food at proper intervals. Milk is sup-

plied free on the arrival of the workers.

(9) Washing of hands and face is insisted upon before meals, and before leaving the factory. Neutral soap and individual towels are provided. Plunge and shower baths are also available for T.N.T. workers.

Treatment.—Where jaundice is absent the treatment is simple and satisfactory. The following is the usual procedure adopted at the Royal Arsenal:—Removal from contact; rest in bed for a day or two. Diet: Milk, milk puddings, fruit and green vegetables; demulcent drinks, such as barley water, the Imperial drink, tea and coffee. For the persistent constipation, vegetable laxatives and Cascara sagrada are employed. A mixture containing Sodium sulphate, Potassium citrate, and Sodium bicarbonate is given as a routine measure.

In the treatment of cases with jaundice absolute rest in bed from the first is essential; milk, at first in small quantities, slowly increasing the quantity given to four pints a day. The bowels must be kept loose, preferably by *Mist. alba*, repeatedly given to maintain its action if necessary.

In cases of jaundice with marked toxic symptoms the prognosis is always grave. Alkali-producing drugs, such as citrates and bicarbonates, are given to counteract the tendency to acid intoxication. Rectal and intravenous saline injections have a definite place in the treatment of severe cases (and the use of drugs like Phosphorus, Crotalus Chloroform should certainly be considered by the Homœopathist—ED. H.W.)

Diseases," Cd. 3496, p. 384.
(2) "An Outbreak of Toxic Jaundice." Willcox, W. H. Lancet, 1915, 1544 and (jointly with Spilsbury, B. H. and Legge, T. M.),

Transactions Medical Society, London, 1915, xxxviii., 129.

(3) "The Treatment of Toxic Jaundice Due to Tretachlorethene."

Ibid., British Medical Journal, 1916, 300.

(4) "Observations on the Effects of Trinitrotoluene on Women Workers." Cunningham, B. M., and Livingstone-Learmouth, A. Lancet, 1916, II., 261.

(5) "Some New Forms of Occupational Dermatoses." White,

R. P., Lancet, 1916, I., 400.
(6) "The Prevention, Treatment and Symptoms of Tetryl Dermatitis." Smith, Enid. British Medical Journal, 1916, 618.

(7) Health of Munition Workers' Committee, Memo. No. 8, Cd.

8214.

(8) Hunter, W., Article on Jaundice in Allbutt and Rolleston's

System of Medicine, iv., Part I.

(9) "Some recent Inquiries and Researches into the Poiosonous Properties of Naphthalene and the Aromatic Compounds." White,

R. P., and Hay, J. Lancet, 1901, II., 582.

(10) "The Effects of Ditnirobenzene and other Nitrosubstitution Products of the Aromatic Series on the Workmen Employed in the Manufacture of High Explosives." White, R. P., Oliver's Dangerous Trades, 475.

Non-protein Constituents of Blood and Phenolsulpho-NEPHTHALEIN TEST IN CHILDREN.—In a series of fifty children free from evidences of renal disease, chemical examinations of the blood by J. S. Leopold and A. Bernhard (Amer. Journ. of Diseases of Children, Chicago, June, 1916, No. 6, pp. 405-473) gave the following results: The total non-protein nitrogen varied between 19 and 40 mg. per 100 c.c. of blood, the average being 28 mg.; the urea nitrogen varied between 8 and 21 m.; the average being 12 mg.; the uric acid varied between 0.6 and 3.2 mg., the average being 1.8 mg.; the creatinin varied between 0.5 and 4 mg.; the average being 1.5 mg.; and the phenolsulpho-nephthalein varied between 50 and 96 per cent., the average being 70 per cent. A smaller number (sixteen) of cases with renal involvement were examined. In acute nephritis the non-protein nitrogen constituents were found within normal limits; the phenolsulphonephthalein excretion was diminished. In chronic nephritis the non-protein nitrogen constituents were usually increased, while the phenolsulphonephthalein excretion was diminished. In passive congestion the no-protein constituents were normal, while the phenolsulphonephthalein was diminished. In one case of sarcoma of the kidney with normal urinary findings the non-protein constituents, with the exception of uric acid, were normal. The latter was slightly increased. The phenolsulphonephthalein excretion was diminished.—Medical World.



BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.

RECEIPTS FROM 16TH DECEMBER, 1916 TO 15TH JANUARY, 1917.

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The usual Quarterly Meeting of the Council was held at Chalmers House, on Tuesday, 9th January.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House, on Wednesday, 17th January.

EXTRACT.

HERMANN BOERHAAVE.

By G. M. Foy, M.D., F.R.C.S.I.

"The sciences are created by successive additions; the same man cannot lay the foundation and perfect the superstructure. We are as children carried on the neck of a giant: aided by the labours of our



predecessors, we see all that they have seen and something beside. . . . A surgeon should be learned, expert, ingenious, bold where he is sure, timid when in doubt, avoiding bad cures and practices, being gracious to the sick, generous and compassionate, wise in prediction, chaste, sober, pitiful, and merciful; not covetous nor extortionate, but receiving moderate fees according to the circumstances of his patient, the character of the case and his own dignity."

So wrote Guy de Chauliac, of Montpeillier, in the prologue of his great work, "La Grande Chirurgie," in the fourteenth century; and few surgeons ever more closely approximated to that high ideal than the subject of our memoir.

He studied Latin and Greek at his father's knee, a poor Protestant pastor, and a good Latinist and Grecian; his proficiency was such that at fourteen years of age he read and wrote both languages fluently. Some twelve months prior to this he contracted an ugly ulcer on his left thigh, which resisted all the means taken for its cure; he now undertook its treatment himself, and by the daily use of a strong solution of common salt healed the ulcer. He matriculated at Leyden in his fourteenth year, and a few months after this his father died. Left to his own resources, he commenced teaching mathematics, and in his leisure moments devoted himself to reading Vesalius, Bartholinus, and Fallopius, and finally made a careful study of Hippocrates, which bore fruit in his "Aphorisms," which Baron Van Swieten made intelligible by his commentaries. A five-volume English translation by Dr. Colin Hossack, of Colchester, ran through many editions, and for a hundred years was looked up to as an authority. As student he was fortunate in having as his tutors some of the most distinguished men of his day: Trigland and Schaaf lectured on Hebrew and Chaldee, in which languages he quickly became proficient. In July, 1693, he graduated as M.D. in the University of Harderwijk, a Dutch town some twenty miles distant from Utrecht. Soon afterwards he returned to Leyden, where he was called to fill the Chair of Medicine of Drelincourt, his



former master. Then commenced his famous lectures, which attracted students from every country in Europe, and established his reputation as an unrivalled lecturer. On the death of his colleague Hetton, he was appointed to undertake the professorial Chair of Botany in addition to his other duties, and very soon he attracted a large class and persuaded the authorities to double the size of the botanic gardens and give him greater facilities for instruction in the subject. His industry and zeal appear inexhaustible, for in 1718, he took charge of the chemical studies, and twice a week gave a clinical lecture in the Saint Augustine Hospital to the medical classes. energies were not exhausted, for a few years later, he published in Latin, "A Treatise on the Powers of Medicine," of which Mr. John Martin, F.R.S., published a translation, which was "printed for John Wilcox, at Virgil's-Head, opposite the New Church, in the Strand." He sought relaxation in music and horse exercise; but his labours were excessive, and in 1712 he suffered from an attack of gout, complicated with paralysis. When in time it became known that he was convalescent, the city of Leyden was spontaneously illuminated, and his recovery was looked on as a public blessing. Two more mild attacks followed, one in 1727, and the other in 1729. Recognising that his health did not admit of his holding his appointments he resigned them in 1730, and died on September 23rd, 1738, in the sixty-second year of his age. We may form some idea of the lucrative character of his practice by remembering that he left his daughter a fortune of 2,000,000 of florins "from the fees obtained from European nobles." His writings have become obsolete: the discovery of elementary bodies; the demonstration of the physiological action of drugs; the introduction of vaccination; the improvements in microscopes and so forth, brought this naturally Boerhaave's reputation rests on his extraordinary gift of conveying knowledge and creating and keeping alive the enthusiasm of his pupils. however, search his writings in vain for a single original thought, or for any improvement in treating

His favourite author, next to Hippocrates, was the immortal Sydenham, whose writings he read and re-read with ever-increasing pleasure, and yet we cannot find any evidence of their having influenced his views. He possessed the power of absorbing information and of bestowing information to others, and as a teacher effected immense good. Pupils like Monro, Haller, Cullen, Van Swieten, Bernard Siegfried Albinus, and others were a great power for good. As we read of his proficiency in languages, mathematics, theology and medicine, and his acknowledged ability as a lecturer, we think of Nuzhat al Zaman, who Shahrazad declared was "versed in all learning, sacred and profane, including the art of government and the abstract sciences." We, however, recognise that he exemplifies the truth of Rare Ben Jonson's saying: "Though a man cannot invent new things after so many, he may do a welcome work yet, to help posterity to judge rightly of the old."

It was in Leyden and from Hermann Boerhaave that Monro primus acquired the knowledge which made the Medical School of Edinburgh celebrated throughout the world and brought pupils from all parts of Great Britain and across the Atlantic from the New England Colonies to listen to the re-echo of the teaching of the great Dutchman.

CORRESPONDENCE.

To the Editor of the "Homodopathic World." 251, West 75th Street, New York.

December 19th, 1916.

DEAR DR. WHEELER,

The case of Hiccough on Page 530 of the "World" I reckon was not published as a homeopathic cure. However it reminded me of one I treated some fifteen years ago. Man about forty-five years of age. Cashier in office of daily paper. I saw him twenty-four hours after the attack commenced. After quite a study of



his case I decided that Arsenicum was the indicated remedy and gave him four globules medicated with the sixth potency every two hours. Next evening no better, and I gave him the 30th same way. Next evening no better, his hiccough was continuous and prevented sleep, but as Ars. was still his remedy I gave him the 200 same way. This gave him about two hours relief during the next twenty-four hours. I spent a hour with him trying to find new symptoms but Ars. came out ahead and I gave him four powders of Ars. c.m. to take one at the time and one two hours later, and not repeat if improved. He began to improve after the first dose and in four hours was completely relieved, and they did not return. While Ars, was his remedy it is evident that the strength (potency) of my remedy was not at first on a plane with his trouble as subsequent events seemed to prove.

Yours truly,
BRYAN G. CLARK.

THE TREATMENT OF EXTREMITIES AFTER LIGATURE OF ARTERIES.—Unger (Zentralbl. f. Chir., No. 4, 1916) observed twenty-four hours after the ligature of the femoral artery in the upper third of the thigh distinct signs of commencing gangrene, as a sharp boundary had formed between the healthy and diseased skin. Induced by the results obtained by animal experiments, the author made the following attempt to limit the gangrenous process: Forty hours after the ligature, the posterior tibial artery was laid bare closely above the ankle of the now already cold foot, and two cannulæ, one placed in the proximal and the other in the distal direction, were tied in the vessel and a continuous infusion of Ringer's solution at a temperature of 37° C. kept up for twentyfour hours. A series of incisions on the leg and thigh, by means of which several veins were opened, provided for a spontaneous outflow. Twenty-four hours later a distinct impression was conveyed that the line of demarcation on the skin was a hand's breadth lower down than before the infusion; the skin also felt warmer and was of a bright red colour. In this case the infusion was not able to save the leg as the attempt had been undertaken too late, but it would be worth while to try this method at the first sign of considerable disturbance of circulation after a ligature. Stetten has shown that it is possible to bring on circulation in an amputated limb by means of infusion into the arteries, and Carrel's experiments have shown thata fully detached leg may be preserved if closely applied to the body.—Medical World.



Hours of Attendance:—Medical (In-patients, 9.30; Outpatients, 2.0), Daily; Surgical, Mondays and Tuesdays, 2.0; and Thursdays and Fridays, 9 a.m.; Diseases of Women, Tuesdays, and Wednesdays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Nose Throat and Ear, Wednesdays, 2.0; and Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Monday, Thursday and (Out Patients) Saturday mornings; and Wednesday, Thursday, and Friday afternoons; Diseases of the Nervous System, Fridays, 9 a.m.; Electrical Cases, Tuesdays, and Fridays, 2.0 p.m.; Physical Exercise Department, every day except Saturday at 9 a.m.

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or locum tenentes. should communicate with the Secretary of the British Homæopathic Association (Incor.), 43, Russell Square, W.C., where a Registeris kept whereby the Association is oftentimes enabled to give assistance to such needs.

To Contributors.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Brunton (Sir Lauder). Collected Papers on Circulation and Respiration. Second Series. Clinical and Experimental. 8vo. pp. 740. (Macmillan. Net 5s.).

Encyclopædia Medica. 2nd edition Vol. 3 Chloroform to Dvspepsia. Roy. 8vo., pp. 680. (Green & Son. Net 20s.).

Macewen (John A. E.) Surgical Anatomy 3rd edition. (Baillière. Net 10s. 6d.)

Morton (E. Reginald). Essentials of Medical Electricity, 3rd edition, revised and rewritten, with addition of new matter by Elkin P. Cumberbatch. Cr. 8vo. pp. 3r7. (Henry Kimpton. Net 6s.).



TO CONTRIBUTORS & CORRESPONDENTS.

All literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. Wheeler, Garryowe, Putney Hil, S.W.

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. Clark, New York; Dr. Burford, London; Rev. J. Harper, S. Africa; Dr. Anderschou, London.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Révist.

Hom.—Med. Times.—Med. Advance.—The Chironian.—La Hom
copatia.—Ind. Hom. Rev.—HomEnvoy. — Med. Century. — Rev.

Hom. Française. — H. Recorder.
—L'Omiopatia in Italia.—N.A.J.
of H.—New Eng. Med. Gaz.—L'Art

Médical.—Annals de Med. Hom.— Hahnemannian Mon. — Pacific Journal of H.-Journal B.H.S.—Calcutta Jour. of Med. --Le Propagateur de L'Homœopatie.—Fran Homöopatiens Värld.—Journal of the American Institute of Homocopathy.— Indian Homœopathic Reporter.— La Critica.—The Homeopathician -Iowa Homœo. Journal.— Homœopathisch Tijdschrift—First Principles in Therapeutics, Goldsbrough.

The Homeopathic World.

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ORIGINAL COMMUNICATIONS:

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Answers. By C. E. Wheeler, M.D.,
B.S., B.Sc. Lond.

Hospitals and Institutions: Houldsworth Hospital, Glasgow.

SOCIETY'S MEETING:

British Homœopathic Society.

British Homoopathic Association (Incorporated):

Receipts from 16th Nov. to 15th Dec. 1916.

EXTRACT:

A Case of Arsenic Cancer. By Sir John Bland Sutton, F.R.C.S. Homœopathic Verifications from the Laboratories. By W. H. Waters, M.D. Poisoning by Prussic Acid Fumes.

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Nurses and the Y.M.C.A.

Varieties.

Medical and Surgical Works.

To Contributors and Correspondents.

THE

HOMŒOPATHIC WORLD.

MARCH 1, 1917.

THE TOWN AND THE COUNTRY.

THE great development of aids to diagnosis which has occurred during the last fifteen years, has had results upon provincial homeopathic practice of some Pending the establishment (surely insignificance. evitable) of State Laboratories for investigations of all kinds, men in large towns in touch with well equipped hospitals have little or no realisation of the difficulties that beset the country practitioner. These difficulties are increased for the homeopathist, for the professional ill-will towards him, though much lessened in extent and acerbity, has not altogether disappeared. therefore, whose lot lies within reach of our hospitals should have a special concern for the needs and troubles of their brethren in the country and we ask earnestly for some steady thinking on the part of our homoeopathic body as to how these difficulties can be diminished. In the first place our energetic secretary to the British Homœopathic Society, Dr. Weir, has made a promising beginning in making the Society a more definite link between the town and the country. Particularly should the practice of devoting evenings to the consideration of the treatment of a disease or the uses of a drug be continued and extended, for to such meetings every man can contribute if he will, and should be definitely asked to contribute by letter



if not in person. The "Sulphur" evening last month was a great success. But in addition to the British Homeopathic Society there is the British Homeo-There are still too many of our pathic Association. physicians unenrolled in this body. If all our men would join themselves and canvass for members among their patients the British Homœopathic Association would be in a fair way to embark on such schemes (for instance) as developing a regular system of laboratory aids for the provinces as is done to some extent now by enterprising business firms: or for making consultations over cases between town and country an easier matter. These things and many more could be done if the British Homœopathic Association had the money. We commend to our brethren in the country especially the strengthening of this bond of union and to our physicians in town the organisation of this or other aids to a truer fraternity.

LIVER PUSHED DOWN BY INTERPOSED LOOP OF INTESTINE.— F. Perussia (Riforma Medica, Naples, 1916, No. 13, pp. 337-364) relates that in the last six years he has encountered a number of cases of partial ptosis of the liver for which organic changes in the gastro-intestinal tract were directly responsible. These displace the bowel and a loop is liable to become interposed between the diaphragm and the liver. In three of the five most typical cases there was stenosis of the pylorus with gastrectasis; in the other two cases there was hour-glass stomach from an ulcer, and the colon was unusually large. In all the cases the interposed loop of the colon was distended, and the degree of ptosis of the liver was proportional to the distension of the stomach or bowel or both. Analysing the cases of hepatoptosis from interposition on record, he found some anomaly in the gastrointestinal tract in all. This suggests that the main cause of sagging of the liver under these conditions is not from changes in its sustaining apparatus, as hitherto assumed. It is secondary to abnormal conditions in the stomach or bowel or both, either directly or by the increased intra-abdominal pressure.

The Medical World.



NEWS AND NOTES.

Major Rowse.

Our colleague, Major Rowse, R.A.M.C., is home on leave as we write, and many of his London friends have had the privilege of welcoming him. We learn that he is shortly to proceed to Malta, the scene of his early labours in the war, where he established a reputation of which we can all be proud. All our best wishes go with him. As we go to press we hear that Major Rowse has received from the Serbian Government the order of the White Eagle (with swords), in recognition of his services to the Serbian wounded.

GLYCERINE.

WE have the honour in this number to print a first proving of Glycerine. Our American friends are indeed to be congratulated on their persistent efforts to improve and extend our materia. medica (whereby all Homœopathy profits), and we are proud to print this excellent sample of their work.

Hypothyroidism a Factor in Certain Types of Uterine Hæmorrhage.

SALZMAN (Amer. Inl. Obs., lxxiv., 5) reports six cases of persistent uterine hæmorrhage in which no definite objective symptoms could be found in the pelvis and where complete cure was effected and maintained by the administration of thyroid extract. From this the author concludes that there is a type of hæmorrhage from the uterus not caused by any discernible pelvic disease nor hæmorrhagic state, but due to an alteration in the hormones, which control the normal flow from the uterus, and this alteration is due to a deficiency of thyroid secretion.

MUSTARD SEED AS A LAXATIVE.

E. C. van Leersum (Nederl. Tijdschr v. Geneesk., Amsterdam, September, 1996, No. 13, pp. 1,085-1,172) refers to whole white mustard seed which has long been currently used for a laxative in some



countries. He had been investigating its laxative action as a mucilaginous seed when he noticed the odour of Sulphuretted hydrogen in a vial containing the water in which mustard seed has been placed the day before. The gas bubbles accumulating on the inside of the vial contained more or less Sulphuretted hydrogen. Mustard seed is mentioned as a popular laxative by W. Cullen in the eighteenth century. Its efficacy is probably due to this generation of Sulphuretted hydrogen and also of Carbon dioxide, which stimulate bowel functioning. This explains also the cyanosis in the cases of poisoning from mustard seed. So long as the gas is harmlessly eliminated by the lungs there is no disturbance.

TOXIC ACTION OF MERCURY IN CERTAIN CASES.

Too large doses in too short a time were evidently responsible for the severe nephritis in three cases reported by Petren (Svenska Läkaresällskapets Handlingar, Stockholm, 1996, No. 3, pp. 647-1,480). toxic nature of the kidney trouble was evidenced by the contrast between the normal output of urine and small amount of sediment and the from four to thirteen per thousand albumin. In both cases blood pressure was within normal range, and the general health but slightly, if at all, impaired. The nephritis was finally thrown off after about a year. pares with these cases the clinical symptoms and findings in a case of suicide with Mercury. In another case a previously healthy man of 27 was given mercurial treatment once a week for five or six months for recent syphilis, with only two pauses for two weeks. Toward the last large ulcerating syphilides developed on chest and arms, rebellious to further treatment, until a change was made to Salvarsan and Potassium iodide, when they subsided in a few weeks. further gives the details of three fatal cases of therapeutic mercurial poisoning. The form of Mercury used was not known in one of the cases. The symptoms were mainly mercurial tremor, cachexia, mild nephritis and polyneuritis. Cachexia with stomatitis was responsible for the two other deaths.



cites further Swedish literature from three cases of fatal colitis following injections of "mercuriol." He expatiates further on the occasional difficulty in distinguishing between symptoms of the syphilis and those for which the Mercury is responsible. He is convinced that the polyneuritis was the work of the Mercury. The clinical history of six other cases is given in addition to illustrate the difficulties in estimating and treating syphilis causing symptoms on the part of the heart. When there are other signs of syphilis or a positive Wassermann in a patient with symptoms suggesting sclerosis of the coronaries or myocarditis, antisyphilitic treatment should certainly be given a trial.

RECURRENCE OF SYPHILIS TWO OR THREE YEARS AFTER ABORTIVE TREATMENT.

Boas (Ugeskrift f. Læger, Copenhagen, September 14th, 1916, No. 27, pp. 1,571-1,608) regards the two cases he reports as extremely instructive. thorough course of one intramuscular and one intravenous injection of Salvarsan (0.6 and 0.4 gm.) and fifty inunctions with Mercury was commenced at the first sign of trouble—a hard ulcer in the genitals with swelling of glands in the groin on one side. The young men returned for inspection and the Wassermann test once a month during the first year thereafter, and on alternate months during the following year. There were no symptoms of the syphilis after the first and the Wassermann test was constantly negative throughout. After a period of two years and three months in one case, and of three years in the second, one young man developed extensive ulcerating papules on the tonsils with syphilides on the trunk and genitals, and the other developed large ulcerating papules on the scalp with spirochætes in the secretion. At this recrudescence of the syphilis there was a faint Wassermann reaction in both.

Reinfection, after all, Boas remarks, is the only scientific proof that the syphilis has been cured, and reinfection in these two cases is out of the question, as he explains. It is discouraging to find that a period of labour lasting for three years after a thorough



abortive course of treatment under apparently the most favourable conditions does not afford any certain guarantee that the disease has been cured. He might possibly have warded off the recrudescence if he had kept up intermittent mercurial treatment during the two years following the supposedly successful abortive treatment.

RESTRICTIONS ON THE USE OF MEDICINAL GLYCERINE.

THE Ministry of Munitions announces that owing to additional demands for Glycerine for War purposes, it has become necessary to place further restrictions on the issue of Medicinal Glycerine, and that supplies in future will be reserved for the manufacture of the preparations of the British Pharmacopeia and for such uses of special importance as may be sanctioned by the Ministry of Munitions. These supplies will, however, be small and must be used with the utmost economy.

Applications for permit to obtain supplies should be addressed to:—The Director of Propellant Supplies, 32, Old Queen Street, Westminster, S.W., and should give the following particulars:—

1. Quantity applied for.

2. Stock of Glycerine held.

3. Purpose for which supply is required. (In case of extra British Pharmacopæia preparations formulæ should be given).

4. Applicant's average yearly consumption of

Glycerine for above purposes.

5. Name and address of proposed suppliers.

The Medical profession have been informed of the need for economy in prescribing Glycerine, and it is anticipated that the requirements for dispensing will be greatly reduced. The stocks of Glycerine in the hands of the pharmacists should be sufficient to meet these reduced requirements, and, therefore, no Glycerine will be issued for dispensing meantime.

The surplus stocks held by the pharmacists and all stocks held by retailers who are not in a position to use them for these restricted purposes should be disposed of either to other pharmacists who are short of stock or to wholesale houses for making B.P. preparations.



ORIGINAL COMMUNICATIONS.

A SUBJECTIVE PROVING OF GLYCERIN.

By WILLIAM B. GRIGGS, M.D.

GLYCERIN is a liquid obtained by the decomposition of vegetable or animal fats or fixed oils, containing not less than 95 per cent. of absolute glycerol (C₃H₈O₃), a triatomic alcohol existing in fats and fixed oils in combination with the fatty acids.

Glycerin represents a deep acting and a long lasting effective drug, in its effect on the animal economy, in contradistinction to the short, rapid, commonly-used compound known as nitro-glycerin, which is very short in action, and is summed up as a simple vaso-motor dilator and circulatory depressant.

Pure glycerin, in its dynamised form, goes deeply into the human economy. The chemico-physiological and pathological changes that result from the formation and ingestion in the system are completely verified by its symptomatology and its curative effects. Glycerin, in its dynamised form, proves itself to be a basic element of extreme value. It seems to have a remarkable effect on balancing the general metabolism. I cannot help but repeat that it is a deep and positive acting remedy in the potentised form.

The proving, as presented, represents verifications covering at least four years. The proving has been conducted along modern scientific lines of investigation. The provers were examined throughly before and during the proving. The proving represents the work of nine male and three female provers, and controls.

The General Therapeutic Range of Glycerin.—Glycerin has proved itself to be a tissue builder and is of undoubted value in marasmus. It seems to affect most of the organs and tissues of the body. It has proved of undoubted value in diabetes, influenzal-pneumonia, neurasthenia, many forms of gastro-enteric disease, various types of headache, enlargement of the liver, various types of senile debility, acute catarrhal conditions of the mucous membrane of the phaso-pharynx, and nephritis in the aged.





General Symptoms.—The first symptom developed by glycerin is headache with a sense of fullness in the head, and throbbing, aggravated by motion; dullness of the mind; a sense of mental and physical weakness; restless sleep and dreaming; much physical languor, almost to a state of utter prostration. Loss of appetite, constipation, profuse urination, with traces of sugar. Catarrh of the naso-pharynx.

Mental and Head Symptoms.—Headache during the entire day. Heavy feeling in the head, better after every meal. Throbbing in the temple arteries, aggravated on exertion. Frequently confused; inability to analyse work; forgetfulness as to details. It positively produces a severe headache two days before menstruation. This was entirely relieved when the flow was established. Sensation of fullness and pressure in the occiput. Flushing on the face, followed by a sallow, sickly look

Nose.—Stoppage of the nose, an early symptom of all provers. Nose is stopped up, but there is considerable postnasal dripping. Discharge from the anterior nose; first thin and watery, later profuse and yellow. Excessive sneezing, usually worse in the evening. The discharge from the anterior nares is irritating. The coryza is aggravated towards evening. A teasing, dry sensation in the nose, causing sniffing, and a sensation of crawling on the mucous membrane.

Mouth.—Excessive dryness of the mucous membrane in the mouth with thirst, and drinking water relieves but for a short time. Sense of heat and feverishness in the nose, throat and mouth; sweetish taste in the mouth. Mouth pasty, insipid; lips become dry and cracked.

Chest and Heart.—Sense of fullness and tightness in the chest. Glycerin produces a hacking cough and a great sense of weakness accompanies a short hacking cough; the cough seems to follow the coryza. Palpitation with dyspnæa. Chest seems too full, or as if the heart took up too much room. Concussive, jarring cough.

Backache.—Fulgurating pains in the left lumbar region, aggravated on changing position. Dull pain



across the lumbo-sacral region, passing into the left inguinal region. There is a sense of weakness and prostration accompanying the backache.

Stomach and Abdomen.—Loss of appetite in the beginning; later on, excessive hunger, enjoying meals and feeling strong. The provers expressed themselves as never having felt stronger or better in their lives, as lafter a good substantial meal. Fermentation, short, incomplete eructations, burning in the pit of the stomach and along the esophagus; gurgling in Primarily a sense of weakness and gonethe bowels. ness in the abdomen. After taking glycerin for three weeks this disappeared, with a sense of rejuvenation in the abdomen. Constipation was a constant and very permanent symptom in the early part of the proving. Stools were hard, dry, sometimes large, sometimes ball-like, always with great urging, and in one case with fissuring of the anus. Chronic constipation was cleared up.

Urinary Organs.—The primary effects are to produce profuse and frequent urination, annoying the patient at night, which had never been the case before. There was produced burning sensation in the urethra during micturition, occasionally severe pains during the act, which extended to the shoulders and upper part of the chest. The analysis of the urine in one case showed sugar, and this has been verified as curative in clinical work. The specific gravity increased to 1.030.

Male.—Seminal emissions which had been regular, ceased during the proving; testicles and scrotum became firmer, and a general sense of tonicity took place; the remedy did produce a tonic effect on the urogenital tract.

Female.—After taking glycerin continually for five weeks the provers (two nurses) who had been regular and normal in their menstrual flow from adolescence, developed a very profuse menstrual flow, lasting from ten to twelve days, with bearing-down heaviness in the utterine region. The flow was bright red, with occasionally a small clot. After discontinuing the glycerin, the next flow was normal as to quantity. Three months afterward, after the persistent use of



glycerin for four weeks, the same condition of profuse bright flow ensued, accompanied with weakness. A general sense of exhaustion and aggravation when moving about on the feet. The flow came on about five days ahead of time. The weakness was accompanied by some perspiration, coldness of the feet, similar to Calcarea carbonica.

Tissues.—Severe pains of rheumatic type from head to feet. Deep, hard, painful aching in the deltoid muscles, the trapezius and the pectoral muscles, lumbar muscles and hips. The effect on the prover's feet was interesting. They were painful, and hot with a sensation as though they were enlarged. The muscular pains were of a remittent type; they would come, last a while, and go, only to return again. After the primary effects of the drug were over the majority of the provers gained in weight and had sense of well-being about them.

Nervous System.—Severe nervousness throughout the day, with increased urination. The more excitable and fidgety the patients felt, the more frequently they were called upon to urinate. Tired, weary, lackadaisical sensation, with much mental disturbance about trifles. Gloomy at times, typical neurasthenic state. In the beginning sleep was restless, disturbed by dreams of a nondescript character, and fullness in the head, with a feeling of indifference and general broken-up state in the morning. Later on the prover slept soundly, a quiet dreamless sleep, and awoke feeling like a new man.

Skin.—Acne vulgaris cleared up, entirely on two students while proving glycerin. After the primary effects of weakness and exhaustion passed and the prover began to feel well, the acne gradually disappeared.

Fever.—Both male and female provers developed rise in temperature and also increase in blood pressure

to the extent of from 20 to 30 millimetres.

A critical analysis of the provers shows, first, that glycerin is capable of disturbing the nutrition of the vital economy in its primary action, and secondarily, that it seems to improve the general state of nutrition.



COMPARE LACTIC ACID; GELSEMIUM.

I will offer a few clinical cases showing the depth of action of pure glycerine.

CASE I.—Patient a homoeopathic physician in Philadelphia, aged 61 years. Refused insurance on account of albumen casts and sugar in urine; has been under his own care for months; developed a severe infection on neck, six inches in diameter, with all the forms, etc., of carbuncle, was operated by Dr. Herbert S. Leopold very successfully; systolic pressure 170 millimmeters; extreme nervousness; profuse urination, with aspecific gravity of 1.030. Sugar, etc., in urine examined by Philadelphia chemist; extreme debility, prostration, etc. Glycerin in 30th and 200th eliminated sugar and albumen in three months, and patient gained fifteen pounds.

CASE 2.—Mr. S., baker, age 66 years. Diabetes for years; weakness; dyspnœa; headache; urine saccharose, with acetone; great debility. No albumen or casts. He was placed on strict diet and given Sulphur, Phosphoric acid, Uranium nitrate, Arsenicum album, Syzygium jambolanum, and potentized blood. Glycerin was then given with the result that the urine cleared up, a good appetite developed, and after a period of two years sexual vigor returned.

CASE 3.—C. H. H. Baby two years old, Drs. Yeager and McFarland assisting. Influenzal pneumonia. Profuse coryza and dyspnæa. Consolidation in both lungs; weakness and debility after twelve days. Glycerin 200th was given, and a complete recovery ensued, with improvement at once.

The writer wishes to give public acknowledgment to the two ladies and his faithful students, Mr. Carl Vischer, Mr. Hobart and Mr. Kropp.

1326, N. Twelfth Street.



EARLY PULMONARY TUBERCULOSIS: THE SIGNS AND SYMPTOMS.*

By Robert Abrahams, M.D., New York. •
Adjunct Professor of Medicine and Adjunct Physician,
Post-Graduate Medical School and Hospital; Consulting
Physician, Manhattan State Hospital.

The amount of time and attention devoted to the study of pulmonary tuberculosis in every land and in every clime overwhelmingly attests the great and everlasting interest and importance of the disease. First and foremost in this widespread human affliction is its early recognition. Upon it depend effective measures of prevention and successful methods of treatment. The awakening of the profession to this fundamental point in tuberculosis has resulted in perfection of methods in diagnosis, reduced mortality, prolongation of life and usefulness, limiting, arresting, and curing the affection. This assertion is not a flight of the imagination, for who has not noticed the scarcity of patients in the third stage of the disease?

Few problems in medical diagnosis are less difficult of solution than incipient pulmonary tuberculosis, provided that we go about it in an orderly, methodical way, instead of a slip-shod, rambling, and haphazard fashion. As in all lesions, signs and symptoms enter into the scheme of this lesion. Symptoms stand in relation to signs as smoke stands to fire. There is no smoke without fire, and there are no symptoms without

signs

In examining a patient for suspected tuberculosis of the lungs, it is well to apply ourselves to the pulse and heart first. There is not an organ in the body which responds to tuberculosis infection of the lungs more quickly than the heart. In health the aortic second sound is louder than the pulmonic second sound. Conditions are immediately reversed in the event of tuberculous implantation. In the very incipiency of the disease, the second pulmonic becomes loud and accentuated. We may regard it as pathognomic, considering that it is always present. The

* From the Medical Press.



only other conditions which give rise to this sign are mitral insufficiency and mitral stenosis. Excluding those, it is safe to assume that an apex is in trouble. and he who seeks shall find. This is a good motto in physical diagnosis. Next is the pulse. No matter how young the infection is, the pulse will be found accelerated, sometimes more and sometimes less, but, barring a case here and there, the rate is never normal. In some, the increased rate is more noticeable in the afternoon; in some, it is more marked in the evening; in some at rest, and in some after slight exertion; at one time or another, the pulse phenomenon is characteristically constant. There is another feature about the pulse which points to early tuberculosis, and that is its total extinction when palpated while the arm is held in the upright position. In a few cases, instead of complete disappearance of the pulse, there is marked diminution, but only in a few cases. This phenomenon is observed in one arm only, and the indication is that the apex corresponding to that arm is the seat of the infiltration. This sign is present in incipient tuberculosis; an advanced lesion does not show it. It may also be added that this peculiarity of the pulse is found in 80 per cent. of cases.

Having learned this much about the lungs from the heart and pulse, the next step is inspection of the chest. The inspection of the chest anteriorly in early tuberculosis is more important than the inspection of the back. Normally the right apex expands more fully than the left apex. If the right apex expands as much as or less than the left apex, then suspicion should rest on the right apex. this is not the most important sign of early tuberculosis, yet when it is present it is helpful. Retraction of the infraclavicular and supraclavicular spaces is not symptomatic of incipient tuberculosis. Retractions indicate advanced conditions. An interesting point about the retraction of those upper and lower spaces is that unilateral retraction points more strongly to tuberculosis involvement than bilateral, for the reason that bilateral incipient tuberculosis is comparatively rare.



Sagging of the side of the chest corresponding to the site of the lesion is considered by Pottinger to be indicative of early tuberculosis. This may be correct, but its absence does not exclude the disease; besides, this condition is found to exist in perfectly healthy chests. Protuding ears; pinched face; glistening eyes; winged scapulæ; irregular pupils, and a red line of the upper gum—these do not belong to early tuberculosis of the lungs. Some of them belong to the romance of tuberculosis, even in the advanced stages.

The next and third step in the examination is palpation of the chest. Again let me point out a normal difference between the two apices. As we stand behind the patient and place the finger tips over the apices, the patient is told to repeat one, two, three, or ninety-nine. The articulation will produce a vibration known as fremitus, which will be better perceived in the right apex than in the left. This normal difference points a lesson in diagnosis, namely, if the vocal fremitus in the left apex is as strong as it is in the right apex, assuming that the right apex is normal, it may reasonably be inferred that the left apex is slightly infiltrated. Unfortunately there is no standard of comparison for the right apex except experience.

The fourth step in the examination is percussion. Pages upon pages are written and published on methods, manner, and technique of percussion. Some say strike hard; some say hit gently; others advise to do a tapping, tapping, gently rapping, like the raven in Poe's poem. Amid multitude of advices there is no lack of confusion, but a happy medium is always the best, the safest, and the sanest, as in all things.

Just a few words about the art end of percussion; what I shall say may sound elementary, but the more elementary and the simpler the subject, the better it is understood. Employ two fingers for a hammer and one for a pleximeter; percuss from the wrist instead of the elbow; let the stroke be light, easy and uniform. Use the left thumb as a pleximeter for the right apex and the left ring finger for the left apex.





While the pleximeter is on the chest and in position, keep the other fingers of the same hand away from the chest, in order that they may not carry off some of the percussion sound that is intended for the ear. It is best to place the pleximeter on the intercostal spaces, although for careful percussion, the ribs, like the clavicles, should be percussed. The whole thorax should be percussed, from apex to lower border, before any part is auscultated. Wherever a change is noted, it should be marked with a lead pencil.

Of the four attributes of a percussion sound, the two most important are duration and pitch. The most important of the two is duration. Every one should mentally measure the duration of the sound from the time of its production to the time of its disappearance. Long duration means normal lung, short duration means slight infiltration, still shorter duration means more infiltration, and no duration signifies complete consolidation.

There is one cardinal principle in percussion of the chest, and because it is cardinal it is invariably honoured in the breach. *Percuss corresponding areas*, not making a hit in the left apex, then a stroke at the third rib, and winding up the performance with a blow at the solar plexus, for a grand finish.

But even if we are complete masters of the fine art of percussion, we still have to learn an important lesson without which our art and skill will go for nought. This lesson refers to a knowledge of the physiological conditions of the lungs as pertaining to percussion sounds, in order properly and accurately to assess the value of tones and sounds under pathological circumstances.

This introduces a very interesting subject, and as I am not writing a text-book on physical diagnosis, and as my sole desire is to elucidate the subject under discussion, I shall take up for consideration sounds which are of essential value in early diagnosis of early tuberculosis. The important percussion notes are: Vesicular, dull, and flat. I wish to mention another percussion note which I have described and many times demonstrated. The name of that note is dull-



flat. The value of it will become apparent as the discussion develops.

To know the pathological we must be familiar with the physiological, therefore it is opportune to inquire at what areas of the chest are the notes mentioned normal? The answer is as follows: Vesicular resonance is normal in the left apex, below the left clavicle, below the second right interspace, in the axillary spaces, and over the lower lobes.

Dullness is normal in the right apex; in the second right interspace, especially the outer half of that space; intrascapular spaces; between the seventh cervical and fourth or fifth dorsal vertebræ; and over the deep area of the heart.

Flatness is normal over the scapulæ and the superficial of the heart.

If there is any deviation from the physiological standard, we must suspect tuberculosis trouble and investigate further. The normal difference in the percussion sound between the two apices should never be forgotten. Its lesson in incipient tuberculosis is obvious, namely, should the left apex be found to be as dull as the right apex is normally, the left apex may be adjudged guilty of early infection. Now in case the right apex becomes infiltrated, what change does its normal dullness undergo to indicate the trouble? Considering that tuberculous infiltration is of slow growth, barring acute conditions with which this paper is not concerned, we need not expect to find one day dullness and the next day flatness. change, therefore, consists in a note which is duller than dull but not as flat as flat should be. is between and betwixt, and for the sake of clearness and comprehension I named it dull-flat. This name has an honoured parallel in a respiratory murmur which was named by that great American physician, Austin Flint, "broncho-vesicular," a murmur which is neither bronchial nor vesicular, but shares the qualities of both. Vesiculotympanitic resonance is also an Austin Flint idea, and one which may serve as a parallel and precedent.

If this name be accepted, it follows that a dull-flat



note obtained over the right apex indicates incipiency, and that the incipient stage wrought that change in the normal dullness. Another practical lesson that is taught by this dull-flat sound is, that whereas if that sound is present at the right apex it indicates incipiency, if the same sound is elicited from percussing the left apex, the indication is that the lesion in the left apex is further advanced, for that would mean a double change for the normal vesicular resonance of the left apex.

The dull-flat note is a pathological sound. It is found nowhere on the normal chest. If anybody should be in doubt as to whether he is dealing with a dull-flat note or ordinary physiological dullness, the patient is asked to take a deep breath and hold it. Under this influence, if the apex is normal, its expansion is normal, and the increased air will change the sound from dull to vesicular; on the other hand, if the sound is that which I have dubbed dull-flat, no change will be perceptible. This is the test, the crucial test.

Stress is laid on the careful examination of the apices, because they are the victims four hundred and ninety-nine times out of five hundred. This is Osler's dictum. What is the value of percussion in the early diagnosis of pulmonary tuberculosis? Any physician who is skilled in the art of percussion can with reasonable certainty diagnose incipient tuberculosis of either apex by percussion alone.

The fifth step in the examination of the patient is by means of auscultation. This aid to physical diagnosis is practised successfully by many more physicians than is percussion. There is less of the personal equation about it and less confusion about methods. This is probably the key to its popularity and credited superiority to percussion.

Before commenting on the significance of auscultation in the diagnosis of early tuberculosis, mention may profitably be made of a few vital points. The three cardinal respiratory sounds are: Vesicular or pulmonary; bronchovesicular; and bronchial or tubular. It is well to study these breath sounds in



their relation to healthy conditions of the lungs in order to comprehend their meaning in disease.

The vesicular murmur is found in the left apex and below the left clavicle down to the base of the heart; in the axillary regions; over the lower lobes; and below the right clavicle.

Bronchovesicular breathing is normally heard over the right apex; in the second intercostal spaces close to the sternum; and in the interscapular spaces. Practically, bronchovesicular breathing follows the lines of normal dullness.

The place for bronchial breathing in health is the trachea and larynx. The essential features of these types of breath sounds are: Vesicular breathing is characterised by a long and full inspiration and a short expiration, expressed numerically as three to one. Bronchovesicular breathing is characterised by inspiration and expiration being of the same duration and higher pitch. Bronchial or tubular breathing is recognised by its long expiration and very high pitch. It may be added that the expiratory sound both in bronchovesicular and tubular breathing is of higher pitch than the inspiratory sound.

In early tuberculosis, the following changes take place in the breath sounds: Vesicular breathing becomes bronchovesicular; bronchovesicular breathing changes to the extent that the expiratory sound becomes longer than the inspiratory sound; tubular breathing has no room in the diagnosis of incipient pulmonary tuberculosis.

In the application of this knowledge it is well to take up concrete examples, as follows: If the right apex is the seat of an early infiltration, the change that its normal bronchovesicular breathing undergoes is that the expiratory sound grows longer than the inspiratory sound. In case the left apex is the seat of an early tuberculous infection, its normal vesicular murmur changes into bronchovesicular. Incidentally it is to be noted and emphasised, that a prolonged expiratory sound in the right apex denotes incipiency, while a prolonged expiratory sound in the left apex indicates an advanced process. The reasons are



obvious. These points are of very great value. Diminished breathing as a result of early tuberculosis, in my experience, is a rare physical phenomenon.

The spoken voice and the whispered sound are muffled and indistinct over areas of vesicular breathing, and very distinct over areas of bronchovesicular breathing. Thus both are muffled and indistinct over the left apex, and clear and well defined over the

right apex.

to compare the voice and the whispered sound in that apex to the voice and the whispered sound of the normal right apex to be absolutely sure of the diagnosis. The increased whispered sound is pathognomonic. The changes in the voice and the whisper in the right apex, in early infection, are hard to measure, as they have no standard of comparison; experience and "acromion auscultation" will lead to a correct diagnosis.

As a guide to a diagnosis of early tuberculosis of the apices, I will draw the normal differences of the apices in parallel lines:

Right apex.
Tactile fremitus present.
Voice present and distinct.
Dullness on percussion.
Bronchovesicular breathing.
Whispered sound distinct.

Left apex.
Tactile fremitus absent.
Voice absent or indistinct.
Vesicular resonance.
Vesicular breathing.
Whispered sound indistinct.

The value of asucultation at the acromion processes as an aid to apical tuberculosis need not be reasserted. It is a method worth practising and adopting in the daily work of the examination of patients who are suspected of tuberculosis of the lungs. I have described the method in two papers (Archives of Diagnosis, April 1913, and April, 1915.)

Thus far the paper has dealt with signs. I shall now

very briefly take up symptoms.

Years of experience with phthisical patients compel me to the conclusion, first, that many patients with early pulmonary tuberculosis show no symptoms whatsoever; second, those who show symptoms are victims of systemic as well as pulmonary infection; third, that if symptoms are out of proportion to signs, the



systemic infection is the predominating element in the patient's misery; fourth, some patients show symptoms resembling those of tuberculosis who eventually die of cirrhosis of the liver or cancer in the stomach that gave neither signs nor symptoms during life.

Persistent hoarseness is a symptom of early tuberculosis: It is present only in a few cases in the beginning of the disease. Cough is not a common symptom. Many patients with unmistakable signs show no cough at all. When cough is present, it is dry or attended with scanty mucous expectoration. Dry cough results from pleurisy, localised over the lung lesion, in which case it is a reflex cough; or the tubercles alone, acting as irritant foreign bodies, produce the cough; tubercles are present in the mucous membrane, causing a mild degree of inflammation attended by mucous secretion and cough, or there is an ordinary bronchitis, local, or general, which is responsible for the cough. In the incipient stage, the cough is bothersome mostly at night, interrupting sleep, or it troubles the patient in the morning. Cough of that character should always be looked upon with suspicion and prompt a careful physical examination of the chest. As the nasopharyngeal tract and heart are frequently responsible for persistent and annoying cough, these factors should be removed from consideration before blaming the lungs.

Dyspnœa is hardly ever present in early tuberculosis, but when an otherwise healthy person complains of getting out of breath at the slightest exertion, it is well to think of possible incipient infiltration.

Slight hæmoptysis is a common but not constant symptom in the incipient condition. Raising of blood in the very early stage of tuberculosis results from congestion or very slight erosion of the mucous membrane of the bronchi. Inasmuch as hæmoptysis may be the very first indication of tuberculosis, which brings the patient to the doctor, it is well to remember that raising of blood may result from other conditions, for example, excessive bodily exertion; excessive mental excitement; spongy gums; hypertrophied



tonsils; chronic pharyngitis; acute or chronic laryngitis; mitral disease; vicarious menstruation; anæmia; chronic bronchitis; angioneurotic ædema; arteriosclerosis; small aneurysms; or, as the late Doctor Delafield used to say, "hæmorrhages may occur in patients who seem to have nothing the matter with them"

Fever is not a frequent symptom in incipient tuberculosis. When fever appears steadily and with a tendency to rise, the disease is no longer incipient. If fever is present a part of the day and is constant in coming, and if signs do not warrant a diagnosis of first stage tuberculosis, the fever may be explained by the assumption of the presence of a severe systemic infection added to the tuberculous toxin. The proper appraisal of fever in early tuberculosis can be made only when all other conditions which give rise to fever have been intelligently and painstakingly excluded.

While on the subject of fever and rise of temperature in early tuberculosis of the lungs, I shall take the liberty to repeat the value of surface or local temperature. I cull a brief abstract from my own paper on the subject which was printed in the New York Medical Journal for January 8, 1910. "Away back in the sixties, Peter made a careful study of local temperatures in phthisis and other diseases. 'He found that the temperature of the affected side was always from three-tenths to one degree centigrade higher than on the other.' (Supplement to Von Ziemmsen's Cyclopedia of Medicine). Availing myself of this observation, I applied it to the study of incipient pulmonary tuberculosis. Peter apparently employed his method in well-established cases. Most of my tests have been made in apical infections, and were made after the diagnosis of incipient tuberculosis was established by physical examination. The difference in temperature between the diseased apex and the healthy one was obtained regardless of the time of the day, although it was most marked between the hours of 4 and 6 p.m. The smallest difference that was ever registered was 0.6 and the highest two degrees Fahrenheit.'

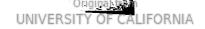


Increased experience confirms my first results with this sign in early tuberculosis. Success can be expected in 80 per cent of cases. This local temperature in incipient tuberculosis is perhaps best explained by the fact that the affected lung is in a state of congestion or hyperæmia; an increase of blood in a circumscribed area raises the temperature of that area. This must be the right explanation, because in advanced or ulcerative stages, surface fever is but rarely present.

Loss of flesh and strength in the incipient stage is, in my experience, uncommon. Patients in that stage may have a capricious appetite, a feeling of fatigue, but no distinct or appreciable loss in weight. When the weight of the patient is beginning to suffer, then either the infection has passed the threshold of incipiency, or the incipient stage is aggravated by systemic infection, or the patient was unduly frightened about the disease by an indiscreet doctor or somebody else; perhaps the ubiquitous worker or the policing nurse of the health department.

Rales, moist, dry, or musical, are highly suggestive if not absolutely pathognomonic of early tuberculosis They are of little or no value around the in an apex. borders of the lower lobes. This statement is especially true with reference to moist rales. Almost everybody has mucous rales in and around the borders of the lower lobes; this is probably due to the neglect of deep breathing. After examining literally hundreds of patients affected with incipient pulmonary tuberculosis, I have come to the conclusion that a great majority of early cases have, at one time or another, or at one examination or another, some kind of rales. In most instances it is a matter of perseverance on the part of the examiner. There are rales, however, which may with perfect propriety be called dormant. Their delicacy and fragility prevent them from being heard with the ordinary method of auscultation. bring them to life we may employ one of three methods or all three: (1) Auscultate the apex while the patient coughs and breathes; (2) the patient is given five grains of Potassium iodide three times a day for two or three days; (3) place the stethoscope over the





acromial end of the clavicle. This procedure will elicit rales when nothing else will. (See Archives of Diagnosis, April, 1913, and April, 1915).

The question as to which rales are oftenest heard over an incipiently infected apex must be left to the specialist on statistics. The clinical fact is sufficiently conclusive, that rales of any description, moist, dry, or musical, wakeful or dormant, as it were, spell tuberculsois in the great majority of instances. The insignificant exception is found in time of grippe, when an individual affected with that annoying disease involving the upper air passages, may show a few stray moist rales at the very tip of one or both apices. These rales may remain for some time, much to the confusion of the examining physician. When we observe the total absence of other physical signs, however, the grippe rales become only of academic I noticed that grippe rales quickly disappeared by changing climate even if the change lasts no longer than a few days; while rales indicative of tuberculosis remain and are slow to disappear under the best climate and long stay. An elusive moist rale is heard once in a while over an apex in patients who have serious obstruction in the nasopharyngeal passages, but it permanently disappears after the trouble in those air passages is removed.

What is the requisite number of signs to justify a diagnosis of early tuberculosis? The answer depends entirely on the physician and his skill and experience. One skilled in percussion, for example, may detect a change in an apical resonance sufficient to justify a diagnosis of incipiency. Or, one possessing a correct knowledge of the acoustics of the apices or other parts of the lungs, but particularly of the apices, may safely draw inferences regarding diagnosis from one sign The majority of observers must elicit at least two signs for a justifiable diagnosis. It makes little difference which two, the point is that for the nonexpert there is safety in numbers. Sometimes the presence of a sign and a symptom will and does furnish the necessary data for a correct diagnosis of early tuberculosis.



A careful study of the foregoing statements and facts compel me to conclude that the diagnosis of early tuberculosis of the lungs is not beset with insurmountable difficulties; that it is but a question of correct knowledge of the physiological conditions of the lungs, first and foremost, and an enlightened interpretation of the pathological findings at the time of the examination; signs to be considered supreme, symptoms as handmaids to signs. Finally, if it is not heresy, and as an added assertion to all that has gone before, the microscope and the X-ray are more ornamental than useful in this stage of tuberculosis, and frequently delay treatment by their negative results.

Some Bodily Changes during Anæsthesia.—Mann (Inl. Amer. Med. Asso., July 15th, 1916) points out that since the blood is the carrier of the anæsthetic substance in every method of general anæsthesia, it is important to know how the blood is affected, either directly or indirectly, by each anæsthetic. the present time general anæsthetics are being administered to patients who have a lower hæmoglobin content, and in whom other pathological changes are present, which would have been considered contra-indications for a general anæsthetic some years ago. The experiments were made on dogs to which Ether had been administered, and attention was devoted chiefly to an examination of the blood. The amount of circulatory blood was found to be diminished about ten per cent. after some six to nine hours of light etherisation. Variations were found in the cholesterin values, but the changes were not uniform. The specific gravity of the blood does not change under light etherisation, and under deep anæsthesia increases only as asphyxia became a factor. The number of red blood corpuscles, the amount of hæmoglobin, and the fragility of the red blood corpuscles do not change. There is always a leucocytosis in ether anæsthesia. The degree varies from a very slight increase in the number of cells to more than double the normal number. The increase is usually present after from three to four hours of anæsthesia, and is mainly due to cells of the polymorphonuclear variety. The leucocytosis is not dependent on the spleen, and is not prevented by atropin. It is probably the result of a direct action on the bone marrow. Phagocytic action is certainly not depressed by an anæsthesia of from five to six hours.



HOSPITALS AND INSTITUTIONS.

CROYDON.

The Croydon Dispensary has such a continuous record of success that its annual reports have a certain (admirable) monotony. Last year there were 3,641 attendances at the Dispensary and 600 home visits. There are 1,000 names on the books under the Insurance Act. There is a very small adverse balance in the accounts, less than that of last year. At the Annual Meeting, Mr. Dudley Wright gave an account of his experiences in the French hospitals, to the great interest of his audience.

ALBUMINURIA AS A CONTRAINDICATION TO VACCINATION AGAINST TYPHOID AND PARATYPHOID.—F. Widal and M. Méry, Press Med., Paris, June 8, 1916, No. 33, pp. 257-264) have been studying the effect of vaccination on men with albuminuria of varying intensity. The vaccine used was a triple one, against typhoid and paratyphoid (both the A and B types). No attempt was made at vaccinating men with signs of severe nephritis, but many of those vaccinated had albumen up to or beyond one gm. to the litre of urine. No harm from the vaccination was evident in any instance. The men passing the physical examination admitting them to active service were all in condition to stand the vaccination without injury. Those with kidneys damaged too much to permit vaccination should not be allowed on active service. Under the influence of the vaccination the albumen content of the urine remain unmodified or dropped a little or showed a briefly transient increase. In men with figured elements in the urine before the vaccination these persisted unmodified afterward or showed a briefly transient increase. Others whose urine had been free from them before showed transiently a few red or whites or tube casts afterward. content of the blood and Ambard's coefficient of urea excretion were determined in all the men with albuminuria. Occasionally the findings varied after the vaccination, but the fluctuations were minimal and briefly transient. In a typical case the range was from 0.37 to 0.59, and back to 0.38 four days after the third injection, while Ambard's coefficient dropped from 0.10 to 0.07. In others the range was downward. None of the vaccinated men showed any signs of renal insufficiency. Even those with pronounced Bright's disease manifested the same tolerance for the vaccinations. —The Medical World.



SOCIETY MEETING.

BRITISH HOMEOPATHIC SOCIETY.

JANUARY.

The Society met on January 4th, the President, Dr. C. E. Wheeler in the chair. No fewer than six new candidates were elected members, gratifying evidence of the energy of the Secretary, Dr. Weir. The President alluded to the recent death of Dr. Mabel Hardie and a vote of condolence with her relatives was passed. Dr. Burford read extracts from a letter of Dr. Fergie Woods from Salonica.

The paper of the evening was by Dr. Burford on a case of Chorion Epithelioma. It proved to be of deep interest as an example of a rare disease and it and its class of disorder were fully discussed by the writer. Specimens were shown and lantern slides in illustration of the paper. Dr. Ross, Dr. Hey, Dr. Goldsbrough and the Chairman were among the speakers.

FEBRUARY.

The Fifth Meeting of the Session was held on February 1st. Dr. C. E. Wheeler was in the chair. Dr. Burford read interesting extracts from letters from Dr. Axel of Sweden and Dr. Dewey of New York, Dr. Axel among other matters testifying to the excellence of the London Homeopathic Hospital as a place for learning Homeopathy. The Secretary, Dr. Weir submitted a letter from our colleague Dr. Lamballe of the R.A.M.C. Incidentally, Dr. Lamballe spoke of his success in getting a trial for Homeopathy and the interest in it which he had evoked, especially from its efficacy in septic shrapnel wounds.

Dr. Burford showed a specimen of Perithelioma of the Kidney, a very rare disease and Dr. Day submitted two charts of Influenza cases terminating by crisis.

Dr. Stonham introduced a discussion on Sulphur citing characteristic cases. Members had been requested to bring or send notes of cases illustrating the uses of this remedy, and a good response enabled



a most interesting series to be compiled which we hope to publish. Dr. Munster, Dr. Tyler, Dr. Alexander, Dr. Hall Smith, Dr. Neatby, Dr. Burford, Major Rowse, Dr. Weir and Dr. Wheeler spoke, and Dr. Weir brought forward notes of a number of cases forwarded from the country. Dr. Weir also read notes of cases from Glasgow compiled by Dr. Gibson Millar and his colleagues Dr. Patrick and Dr. Dishington, illustrating the use of *Comocladia dentata*. Altogether a most interesting and valuable evening was passed.

Comparative Value of Lard and Butter Fat in Growth.—The failure of rats to grow on a lard and yeast diet, Funk and Macallum (Journ. of Biological Chemistry, Baltimore, October 1916, No. 1, p. 51) says, is partially due to the development of scorbutic symptoms. These can be relieved to a marked degree by using moist instead of dried yeast and still more so by using moist yeast and butter. Even in the latter case the existing deficiencies are not entirely corrected, since many rats decline on this diet. Rats which fail on lard do not always recover on a diet containing butter. It seems also possible that yeast on account of its high content in purins, and perhaps other constituents, is not an ideal addition in experiments of long duration, even in spite of its marked growth-promoting power. The impaired nutritive value of heated casein does not seem to be due to destruction of anino-acids, but to destruction of vitamines.—The Medical World.

RELATION OF UNIDENTIFIED DIETARY FACTORS TO GROWTH.— The results of nearly 1,000 feeding experiments conducted by McCallum, N. Simmonds, and W. Pitz (Journ. of Biological Chemistry, Baltimore, October, 1916, No. 1) with their rat colony during the last few years all support the working hypothesis explained and supported by experimental evidence in a number of previous papers. This assumes the necessity of two dietary essentials as yet unidentified in the diet for growth or prolonged maintenance, namely, the fat soluble A of butter or fat and certain other food stuffs, and the water-soluble B which the authors have supplied by means of extracts prepared with water or alcohol from several foodstuffs. Experimental inquiry has not yet revealed the degree of dependence of animals on a supply of these two dietary factors after growth has been completed. The evidence available would seem to point to the necessity of at least one of them, the water-soluble B, throughout life, for extracts which contain it induce relief of polyneuritis, and this may have its incidence at any time during life.



BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.

RECEIPTS FROM JAN. 16TH TO FEB. 15TH, 1917. GENERAL FUND.

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The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Wednesday, 21st February.

VALUE OF VITAMINES IN HUMAN NUTRITION.—As a result of nutrition experiments with yeast it is shown by G. Funk, W. G. Lyle, and D. McCaskey (Journ. of Biological Chemistry, Baltimore, October, 1916, No. 1) that the value of yeast as a protein source is not very great. A large quantity of unutilised yeast passes in the fæces and is lost. Yeast, on account of its high protein, causes a distinct rise of uric acid in the blood, and for this reason cannot be used to the exclusion of all other food. Experiments with vitamine-free food in the form of white rice and white bread. confirm the results of Abderhalden, Foder and Rose, who found that to obtain a positive nitrogen balance more than white bread is required than whole white bread or poatoes. Whether this low value of vitamine-free food is due solely to the absence of vitamine, the authors were not able to prove, as their experiments were of comparatively short duration.—The Medical World.



EXTRACTS.

RADIUM.*

By A. C. Cowperthwaite, M.D. Los Angeles, Cal.

Radium Bromide Preparation: Trituration of Radium Bromide of high purity.

GENERAL ANALYSIS AND THERAPEUTICS.

THE general picture given in the provings is one of disturbed metabolism and foreshadows the probability that Radium would often be likely to be indicated in the various functional disorders resulting therefrom. This has been verified over and over again in the administration of Radium drinking water, by emanations and by injections and, in no small degree, also by the administration of the potentised drug. probable that through this disturbance of metabolic processes there is developed in the provings symptoms simulating rheumatism (arthritis) in the muscles and joints, these, in many respects, resembling those of Rhus. It is a well known fact that it is especially in rheumatism and gout that Radium in its various forms of internal administration has proved a most useful curative agent, and also in neuralgia and

The skin symptoms developed in the provings have led to the successful use of *Radium bromide* internally in eczema, psoriasis, pruritus, acne and seborrhea. It is useful in the treatment of cancers to arouse reaction of the system.

It is well known that massive doses of Radium produce atheroma, and also that very beneficial results have been obtained in arterio-sclerosis from the use of emanations and from radium drinking water and Radium injections. Many symptoms elicited in the provings would lead one to think of arterio-sclerosis. All provers showed lowered blood pressure while taking the drug and for some time after; notwith-

* From advance sheets of the eleventh edition of Cowperthwaite's Materia Medica.



Upon the urinary tract increased elimination of solids, particularly of chloride is noted. Provers developed albuminuria, and one had granular and hyaline casts, indicating marked renal irritation. So far as known there are no clinical verifications of the potencies in nephritis, but there are plenty such after the use of emanations and drinking water. Dr. Dieffenbach says that, "in catarrhal or interstitial nephritis with rheumatic symptoms corresponding to the provings, it has apparently been beneficial." Eneuresis has been cured and many cases of diabetes are reported as cured.

The symptoms of the male sexual organs plainly indicate sexual weakness. The virtues of *Radium* drinking water and of the emanations in sexual impotence and sexual neurasthenia have been generally recognised. The female sexual organs showed delayed and irregular menstruation, and well defined backache.

The general lassitude and tired feeling and the mental depression exhibited by the provers confirms the homeopathicity of Radium bromide to general nervous debility, where the emanations and drinking water have already proved of curative value, especially in the approach of senile debility. Dr. Dieffenbach calls attention to symptoms of the respiratory tract, especially-the persistent cough, occurring late in the provings, and suggest the use of Radium bromide in tuberculosis, whooping cough, bronchitis and pneu-It is generally understood that Radium in its ordinary methods of administration is of little value in respiratory diseases, unless we except asthma, which we know to be a neurosis, and with which class we might also associate whooping cough and expect some good results.

The provings show marked changes in the blood as one would naturally anticipate after witnessing the marvellous results obtained in the treatment of anæmia





Mark Strain William Contact Rich Landers

by the emanations. Hæmoglobin showed an increase in three cases. Four provers showed an increase in erythrocytes, while two provers showed a loss. provers developed a distinct leucocytosis and one had leucopenia. All provers, without exception, showed a marked increase of the polymorphonuclear neutrophiles. On the latter fact Dr. Dieffenbach comments as follows: "The absolute scientific fact which stands out clearly in the provings, and which can unquestionably be attributed to the drug is the marked increase of the polymorphonuclear neutrophiles. These socalled policemen of the blood corpuscles are the ones which attack the invading bacteria and destroy them, and the administration of Radium bromide appears to have distinctly stimulated the organism in the elaboration and increase of these protecting organisms."

Radium does not interfere with the action of other indicated remedies, but, on the contrary, seems to increase their activity and will no doubt prove of great

value as an inter-current remedy.

The above general analysis of the action of Radium. and the following symptoms, are largely based upon the systematic provings conducted by Dr. Dieffenbach, and most of which have been repeatedly verified by the author and many others.

CHARACTERISTIC SYMPTOMS.

Apprehensive, depressed. Fear of being alone in the dark; great desire to be with people. Tired and irritable.

Vertigo, with pain in back of head. Dizzy with great weakness. Occipital and vertex pain accompanying severe lumbar aching. Severe pain over right eye, spreading back to occiput and to vertex, better in open air. Head feels heavy. Dull headache. Headaches better in open air, from cold, from pressure; worse from lying down. Frontal headache. becomes grey.

Aching in the eyes; shooting pains. Sticky feeling in the eyes. Paretic weakness of the muscles, ptosis. Conjunctivitis, with feeling of dryness; yellow

discharge.



Ears. Tickling in the ears, worse at night.

Nose. Itching and dryness of nasal cavities; better in the open air. Formation of hard crusts or mucous particles.

Face. Aching pain at angle of right lower jaw.

Violent trifacial neuralgia.

Mouth. Metallic taste. Mouth and throat parched and dry, temporarily relieved by sipping cold water. Difficult speech. Prickling sensation on end of tongue. Tongue bluish-white, thick; feels swollen.

Teeth. Teeth painful; feel too long.

Throat. Rawness and dryness of throat, with hawking of small amounts of stringy mucus; relieved by a drink of cold water; swallowing.

Stomach. Empty feeling in stomach. JWarm sensation in stomach. Aversion to sweets, ice-cream. Nausea and sinking sensation, belching of gas. Relieve

by eating, but a small amount of food satisfies.

Abdomen. Pain, violent cramps, rumbling, full of gas; pain over McBurney's point, and at location of sigmoid flexure. Much flatulence.

Rectum and Stools. Constipation; alternating constipation and diarrhea. Stools come with a gush (Aloe), with much flatulence. Passage of stool relieves abdominal and rectal pains.

Urinary Organs. Increased elmianation of solids, particularly of chlorides. Renal irritation; albuminuria; granular and hyaline casts. Difficulty in starting urine. Enuresis.

Male Organs. Sexual desire lessened. Seminal emissions; with dreams.

Female Organs. Delayed and irregular menstruation and backache. Aching pains in abdomen over pubes when flow comes on. Right breast-sore, relieved by hard rubbing. White, cheesy leucorrhea.

Heart and Blood. Tight, constricted sensation. Sharp pains in the region of heart. Lowered blood pressure. Increased hæmoglobin. Increased erythrocytes. Leucocytosis. Leucopenia. Increase of polymorphonuclear neutrophiles.

Respiratory Organs. Persistent cough with tickling in supra-sternal fossa, as from dust. Dry, spasmodic



cough, worse at night and when lying down; better in open air. Throat dry, sore; chest constricted.

Neck and Back. Aching in back of neck. Pain and lameness in cervical vertebræ; worse on drooping head forward; better standing or sitting erect. Lumbar and sacral backache; pain appears to be in bone; continued motion relieves. Backache between shoulders and lumbar-sacral region; better after walking. Lameness in lumbar region; desire to stretch muscles, which gives relief. Paretic weakness from the lumbar region down. Lumbago.

Limbs. Severe pain in all the limbs and joints, especially in knees and ankles. Sharp pains in shoulders, arms, hands, and fingers. Lameness in shoulders and joints. Arms feel heavy. Cracking in shoulder. Legs, arms and neck feel brittle as if they would break. Pain in toes, calves, hip-joint, popliteal spaces. Muscles of legs and hips sore. Great toe joints especially painful. Bunions and corns inflamed and tender.

Generalities. Severe aching pain all over the body; comes on gradually and wears away slowly. Sharp pains come and go suddenly. General lassitude and tired feeling; desires to lie down and rest. Great prostration. Itching all over the body. Dryness of all mucous membranes. Feeling as if the muscles would break if they were moved; Intolerance of summer heat. Craving for and relief in open air.

Skin. Small pimples. Eczematous eruptions. Erythema and dermatitis with itching, burning, swelling and redness. Necrosis and ulceration. Itching all over body, burning of skin, as if on fire. Dry, branlike, scaly eruptions (Ars.) without sensation. Sebaceous cysts. Brown spots.

Sleep. Restless. Sleepiness with lethargy. Dreams: vivid; of fire; busy.

Fever. Cold sensation internally with chattering of teeth until noon. Internal chilliness followed by heat of the skin, associated with bowel movements and flatulence. Body feels on fire, with sharp needle pricks.

Aggravations. On rising after lying down; after



eating; late afternoons; from motion (better from continued motion: Rhus); heat disagreeable.

Amelioration. Open air; continued motion; hot bath; on lying down; from pressure; some symptoms better after eating.

Compare. Rhus tox., Rhus ven., Puls., Sepia, Uranium.

Antidotes. Rhus tox., Rhus ven., Tellur.

ACIDOSIS OF GASTRO-INTESTINAL ORIGIN.* By H. C. Chaplin, M.D., and M. C. Pease, M.D.

During the summer of 1913, our attention was particularly called to a class of cases which we have since rather loosely classified as intestinal intoxication or acidosis. Previous to this time we had occasionally noted acetone and diacetic acid in the urine of children sick with diarrhæa, but had not realised their frequency or the gravity of the situation. When we began to look for these cases we found that they were fairly frequent, especially during the summer months, and that many cases which clinically belong to this group did not reveal an abnormal amount of acetone or diacetic acid in the urine.

Perhaps the most prominent clinical feature presented by these cases was the severity of the illness, which often was seemingly out of all proportion to the amount of fever and diarrhæa. The skin quickly lost its tone, there was pallor and an ashen grey colour of the skin without cyanosis, the eyes became sunken and the child was at first restless, then stuporous and finally lay in a coma. Often a specimen of urine was obtained with a great deal of difficulty even with a catheter, there apparently being a lack of urinary secretion. The progress of the illness was uneventful, ending as a rule in death within a few hours. tongue was apt to be coated, but red at the tip and along the edges. With some exceptions the fever was not high, the range averaging from 100 to 101 F., with an occasional excursion to 102 or 103, and a rather

* From The Medical World.



frequent antemortem rise to 104 or more. If the patient came to the hospital early in the illness, vomiting was often marked; but later as the child became more and more stuporous, it usually became less and in the terminal stages almost ceased. The number of stools in the twenty-four hours was subject to great variation. Perhaps the most typical finding was a few foul smelling stools, or a history of many stools both during and preceding the onset of acidosis. was not long before we noted that the most constant and perhaps the most nearly pathognomonic symptom of acidosis was alteration in the respiration. costal and abdominal type of respiration took the place of the usual abdominal type. The amplitude of the respiration was greatly increased and was accomplished with a distinct effort. A modified Cheyne-Stokes type of respiration was occasionally present, but in general the excursion of the thorax and abdomen was nearly the same in each succeeding respiration. Eventually the respiration became feebler with only an occasional deep gasp, and finally ceased altogether, as if the respiratory centre was exhausted by the exertion it had undergone. There was never any evidence of obstruc tion, and there was no cyanosis.

So far as we can discover Czerny was the first t call attention to the resemblance of the respiratio of infants dying of this type of gastro-enteritis and that of rabbits poisoned with mineral acids.

In seeking an explanation for this phenomoeno Czerny and Keller found indications of an abnorm amount of acids in the body. Their chief proof of the condition was found in the abnormally high ammonitrogen, which, instead of being the normal tenticent, increased from 40 to 50 per cent. of the to nitrogen. Langstein and Meyer considered that thincrease in ammonia coefficient was not due to abnormal unburned acids, but to several other factors, coff which were (I) the loss of alkalies through faces, whereby there was insufficient amount basic alkalies in the urine to neutralise the acids that ammonia as a neutralising agent was increa and (2) in the presence of intoxication in the company of the company of the presence of intoxication in the company of the presence of the presence of the presence of the presence of



of inanition there was a rapid increase in the production of organic acids (acetic and oxybutyric), as a result of the disturbances of the nourishment of the infant. They were undecided as to whether in those cases of intoxication accompanied by glycosuria there was a disturbance of carbohydrate metabolism which was analogous to that occurring in diabetes which leads to an acidosis. On the whole, they refuse to commit themselves as to the seriousness of the condition of acidosis, and seem rather inclined to regard it as an expression of a condition and not of itself as a cause and effect.

Steinitz, in an examination of the stools of infants on a high fat diet, especially if there was a diarrhea with loss of weight, found an excessive loss of sodium and to a less extent of phosphates, so that a negative alkali balance was established; for example, more alkali was lost in the fæces than was received in the food. Holt, Courtney, and Fales confirmed this finding, but also found that there was an increased excretion of chlorides, which tended to establish a balance between alkali and acid loss. Clinically it seems doubtful if an acidosis can be explained on these grounds, for, after all, an acidosis is not a common accompaniment of diarrhea, and in fact seems most apt to occur when the diarrhea has been at most of moderate severity.

The formation of organic acids as a consequence of disturbance of nutrition is, of course, a matter for consideration. Where the disturbance of nutrition is at its worst, the presence of abnormal acids to a pathological degree is not common. It is however, in this type of case, as malnutrition, that acidosis most frequently occurs. It seems probable that a more or less lengthy period of malnutrition predisposes to such an attack. It has been suggested that the lower fatty acids, such as formic and butyric acid, which have long been recognised in the pathogenesis of dyspepsia, have a part in acidosis. The difference in the amount of these acids in acidosis is greater than in dyspepsia, perhaps on account of the introduction of special acid-forming bacteria, or as the result of the increased



activity of the normal flora. The difficulty with this explanation is found in the fact that the amount of acid present in insufficient to account for the poisoning which takes place in these cases. In diabetes and cyclic vomiting there is often an enormous amount of acetone, diacetic acid and beta-oxybutyric acid without symptoms of acidosis.

It seems more probable that the explanation of acidosis is found in a damage to the epithelium of the intestinal tract either by acids or bacterial products. It has long been recognised that the epithelium of the intestinal wall holds bock many different substances and that when this epithelium is damaged it becomes permeable for toxic material. Lactose and the salts of milk, for instance, under these conditions may easily pass into the blood in so great a concentration as to act as poisons to the body cells. The increased concentration of salts causes a withdrawal of water from the cells, with the consequent water hunger which is so prominent a symptom of acidosis. loss of alkali into the intestines may be due in part to a demand for neutralisation of acids in the intestinal tract, but much more to the abnormal conditions of intestinal secretions. The nitrogen loss may be due to the breaking down of the body cells, or it may be considered as a symptom of a toxic splitting of albumin. As a result of the alkali withdrawal, the water hunger and loss of weight come to have a meaning, and furthermore it is easily understood that this extensive withdrawal of water from the body tissues may lead to a permanent damage of the ability to fix water by the organism. Here we find our explanation for the malnutrition and atrophy which so often follow an attack of acidosis.

Recently Howland and Marriott have sought an explanation for acidosis in the retention of acids which are the product of metabolism. They point to the low urinary output in support of their contention, and suggest that there may be a loss of the acid excretory function of the kidney. It has long been recognised that in acidosis there is an enormous increase in the actual water content of the fæces, so that the amount



excreted respectively in the fæces and through the kidney under normal conditions is nearly exactly the reverse of that in cases of acidosis. This is almost certainly the explanation of the rather small amount of urine passed, for water that leaves the body by way of the bowel will naturally be subtracted from that which is excreted through the kidney. Furthermore, a damage to the kidney sufficient to interfere with its acid excretory function should almost certainly manifest itself in other ways. Occasionally, but not regularly, there are albuminuria and casts. Examinations in a very limited number of cases have shown a blood urea, uric acid and creatinin which are within the normal limits for these substances. Finally, there is the very natural question to be answered as to how this damage to the kidney has taken place. If there is a retention of acid phosphates in the body in these cases, it is not enough to prove merely that it is present in excess, for that shows only a derangement of the normal mechanism by which the body normally . takes care of the acids formed as the result of processes of metabolism. It does not in any manner. suggest the cause of the derangement; and that, after all, is the important thing if we are to exercise any powers of prevention.

. As Sellards has pointed out, the food supply yields . a limited amount of bases, but the acid-forming substances usually preponderate, the proteins yielding considerable acid on account of their content of sulphur and phosphorus. Furthermore, it must not be forgotten that the body is constantly elaborating acids as the result of the oxidation processes in intermediary metabolism. Certain organic acids are formed in the body in small amounts, to be changed as a rule into carbon dioxide and water, although small amounts of uric acid and lactic acid leave the body unchanged. Veeder and Johnston, in a study of twenty-one normal children, always found ketones and betahydroxybutyric acid in children whose caloric requirements were fully covered by the diet. To guard against the harmful effects of these and other acids, the body has a most efficient mechanism. The maintenance of the

reaction is largely normality of tissue It carries bases to in neutralising acid, the blood stream. in neutroducts of cellar acid products of cell. Hence it replace those used medium by which theare removed from the within certain narrow limits an acidity of the within certain narrow limits an acidity of the tissues may be a normal condition; $\mathbf{p}_{\mathbf{n}_{\mathbf{B}}}$ tissues may be a normal just what point quite impossible to say at just what point quite impossible to say at a time when t pathological. There comes a time when it pathological. There compares until it of takable, and it may increase until it of menace to life.

enace to life.

From the standpoint of both diagnosis and ment it becomes important to have a metI ment it becomes important presence or a mean methods of determining the presence or absence Possible moment. acidosis at the earliest the serum with a D alcohol and evaporated the filtrate with a few dr purple results, but in acidosis the colour is g modified or may be entirely absent. Carbon determined absent. very accurate measure acids. An incl determinations will give a acidity of the blood stimulates the respiratory to an increased activity in for the hydrogen in reduction in carbon dioxide, for the hydrogen ion centration of 11 centration of the blood must be kept at a normal I in other words In other words, a rise in Volatile acids is compension by a decreased for by a decreased carbon dioxide tension in the blace.

The carbon dioxide. The carbon dioxide tension in the alveot the lungs will be the the lungs will be the same as that in the blood. very fully described method as a means of diagnosing acidosis in child.

More recently Var Cl. More recently Van Slyke has elaborated a method determining the and determining the carbon dioxide tension of the blog lt is the method which It is the method which we have recently been us.

Of our thirty-form Of our thirty-four cases the seem fairly to parallel those obtained carbon dio carbon dio The Van Slyke method seems but we durate, and here his determination of alveolar ase more accurate, and hence more scientific,

whether clinically it has any advantages over the method described by Howland. There is, besides, the ever present difficulty of obtaining a sufficiently large amount of blood from infants and small children, though by using the jugular vein or the median sinus we have not found this to be an insurmountable difficulty.

That acidosis is a condition seems to us to be now a well established fact. We have proved methods which enable us to make an earlier diagnosis than was formerly possible, and we are finding that it is of a much more frequent occurrence that we had previously supposed. The mechanism by which an acidosis is produced is not entirely clear, but we have seen that it is a very complicated process and probably is the result of many varying factors. It has seemed to us that a study of a group of cases might throw some light not only on the cause but also on the best method of treatment.

There have been in the babies' wards of a large Post-Graduate Hospital during the past two years no less than thirty-four cases of acidosis. probable that we would have a larger number if there had been a carbon dioxide determination of the blood or of the alveolar air in all suspicious cases. the diagnosis depended on the clinical symptoms or on the presence of acetone and diacetic acid in the urine, and to a less extent on the breath. In these thirtyfour cases, six patients died within a few hours of admission to the wards, almost before a diagnosis could be made, and long before effective treatment could be instituted. In all, sixteen patients with acidosis died, or 45 per cent. of these thirty-four cases. If the six noted above are subtracted, the mortality rate for the remainder is 35.6 per cent. Acetone and diacetic acid were found by test twenty-six times. Two patients who did not show acetone or diacetic acid in the urine is abnormal amounts had a carbon dioxide blood tension below 40 by the Van Slyke method. twelve cases in which the carbon dioxide blood tension was determined, the lowest result obtained was 22 volumes and the average was 28. A rapid increase in





Homospathir March T, 1917.

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breaking down of sugars and fats into acids or the poison split products of the decomposition of proteins. Such a decomposition of the milk may take place before it reaches the child, or quite conceivably after it has entered the gastro-intestinal tract. Acidosis results when these products are present in large amounts, or when the organism is especially susceptible.

In support of our idea that acidosis may result from the split products of proteins, Vaughan in a recent communication had shown that casein yields a large percentage of the protein poison, and that this poison is in and of itself strongly acid. In animals, at least, it is entirely cappable of causing acute or chronic poisoning when administered by the mouth, in the latter instance resulting in extensive fatty degeneration of the tissues. There is a tendency for the protein poison of the casein to combine with certain unbroken proteins, so that its physiological action is diminished and its acidity wholly or in part It is interesting to note that these neutralised. poisons which are consequent on the splitting of case in are capable of giving a skin reaction in all persons to whom they are administered. We find in the research of Vaughan an interesting support of our theory arrived at from clinical observations that acidosis of gastrointestinal origin is probably always closely connected with the proteins and especially with the casein of We have long believed and, as our observations have become more extensive, this belief has changed to a practical certainty, that high protein feeding was not without its dangers, and that under certain condiditions might become an actual menace to life itself.

If the proteins or the products of the breaking down of proteins form the etiological factor in acidosis, recurrences of this condition might naturally be looked for.

Recurrences are not only observed so near the first attack as to suggest the probability of a relapse, but are also seen over a period of weeks and months in a form which often suggests recurrent vomiting. In private practice we have had three patients who have





suffered from cyclic vomiting for more than years whose initial attack was diagnosed as intestin intoxication and who we now know suffered These children had previously been well ar able to care for any kind of food. At times intolerance for milk after such an attack is so great to suggest an idiosyncrasy or an actual anaphyla, for milk. It would seem that this intolerance for mil is due to the protein rather than to the sugar or fats, the milk. There was certainly no apparent advantage in giving sugar or fat free milk. Whey was tried of only one occasion, for the result was such as not to h a temptation for further investigation. We shoul hesitate to assert that sugar was a cause of acidosis i view of the fact that of late a regular part of or treatment has been the use of glucose and thick grue of barley, farina and oatmeal.

The suggestion that the etiological factor (acidosis is to be found in the decomposition of protein is supported in an interesting manner by the frequent finding of large amounts of indican in the uring Indican was not invariably present, but when foun was often in very large amounts. We also discovere that commonly it was a rather transient finding, being found on one day, and absent or nearly so on the next.

Having noted that these children improved rapidl if they lived for a sufficient length of time cathartic to act, we were tempted to see what starva tion would do. It was, however, with a considerabl degree of hesitation that we instituted this measure for we were familiar with the fact that mere starvatio could be the cause of a very rapid increase of abnorma acids. Perhaps, somewhat contrary to our expecta tions, we have often noted a remarkably prompt in provement, to follow on a period when nothing bu water and a solution of sodium bicarbonate was given We have seen the stupor disappear and respiration fall almost to normal overnight with this simple treat ment. We do not consider that this improvement wa entirely due to the sodium bicarbonate, for under other conditions of feeding recovery, if it took place at al was much slower.

A very important part of our treatment has been a thorough cleaning out of the bowels and especially of the small intestines. High colon irrigations and stomach washing did not accomplish much improvement if our efforts ceased at this point. Nearly always such a catharsis resulted in a very nasty, foul smelling stool.

The use of sodium bicarbonate is to be recommended as a valuable temporary measure. It has much the same relation to acidosis that the cold pack has to temperature. It serves to keep the patient alive until other measures which require time become effective. It should be pushed until the reaction of the urine is alkaline or the blood shows a normal reaction. We have made it a practice to give the sodium bicarbonate in every possible way—by stomach, by the colon, subcutaneously and intravenously—as the urgency of the symptoms seemed to dictate.

As we have tentatively connected attacks of acidosis with the milk—and perhaps most frequently with milk which contains an unduly high bacterial count—a very essential part of our treatment has been the elimination of milk from the diet for a considerable period of time. Our most successful cases have been those in which we have made a very slow return to the proteins. To an extent we have made vegetable proteins take the place of animal proteins; accordingly these children have been given thick gruels which were cooked for many hours. With the addition of sugar as the symptoms seem to warrant, the caloric requirements for a time, at least, can be met.

The mortality rate among children suffering from an attack of acidosis is so great as to make it a condition which should demand not only our interest but also our earnest investigation into its cause and treatment. We have suggested the close relation of acdiosis to the milk supply and especially to the decomposition products of the proteins of milk. We have outlined a method of treatment which is more satisfactory than any that we have previously employed, and which is based on the assumption of the close relationship of milk and this type of acidosis.





REVIEWS.

INFANTILE LIVER.*

This is a small volume by our distinguished colleague Dr. D. N. Ray of Calcutta, upon a disease which has apparently become relatively common in Bengal. It is a hypertrophic cirrhosis of the liver. Its atiology is uncertain, but is very possibly due to a micro organism, and both syphilis and malaria may be p_{re} disposing factors. A clear description of the symptoms is given. Treatment, at least in the early stages, is hopeful, and a very full account is given of the most helpful remedies and their distinguishing symptoms as well as of the general treatment dietetic and hygienic. Any physician likely to practise in Bengal should certainly read this book.

DIAGNOSIS FROM THE EYES.†

Here is a compact volume, copiously illustrated, to support a thesis which seems at first sight all but incredible. It is that all diseases of any importance cause characteristic appearances in the iris and that a study of the minute changes in that region wil be at the very least of great aid in diagnosis and may be of essential importance. The author is a physician who claims to have learnt this method of physica examination from the founders and discoverers of it and claims that it is practised by many physicians al over the world, and supports his claim with the mos detailed account of the different signs to be sough for. If he is mistaken it should not be difficult t prove his errors for his descriptions and assertion are clear and should be open to confirmation or th reverse. For our own part we pretend as yet to i opinion but have every intention of testing some least of Dr. Anderschou's statements. The doctor a Homocopathist so that in respect to treatment shall all be in sympathy with him: but his seems almost too good to be true.

* Infantile Liver, by Dr. D. N. Ray, Publishers, Messrs. King & Calcutta: Homœo. Pub. Co., London, 5s.
† Iris Science, by Dr. H. W. Anderschou, London.



VARIETIES.

FINGER PRINTS AND NEURITIS.—Seven illustrations are given by R. Cestan, P. Descomps, and J. Euzière (*Press Med.*, Paris), June 8, 1916, No. 33, pp. 257-264) to demonstrate the changes that become evident in the finger prints under the influence of a traumatic neuritis. The pores may encroach on the lines, or these may be signs of desquamation or emaciation, the epidermis may be cast off, the lines show gaps, or the whole finger print becomes blurred almost beyond recognition. Among seventy men with traumatic neuritis only three failed to show some of the above typical changes in the finger prints. The changes did not seem to be proportional to the severity of the neuritis, and they did not always correspond with the inervated area. The absence of any changes in the cases of hysteria paralysis was significant. The changes which are of a trophic order were encountered almost exclusively with injury to the median and ulnar nerves.—The Medical World.

AN UNUSUAL CASE OF PURPURA FULMINANS.—Fahr (Berl. klin. Wchenschr., No. 5, 1916, p. 124) related at a medical meeting the case of a woman aged 48, who was taken ill with vomiting, drowsiness and delirum. The objective symptoms were hæmorrhages under the skin and mucous membrance, tenderness to pressure at the pit of the stomach, glycosuria (eight per cent,) and 21,000 leucocytes. Twenty-four hours after the commencement of the symptoms the patient died. The clinical diagnosis had been necrosis of adipose tissues. The only post-mortem finding, except the superficial hæmorrhages, was hæmorrhage into the cortex of the suprenal capsules. Nothing inflammatory was found on microscopical examination; the vessels were normal. The author regards the disease as a purpura fulminans, which had taken an unusually rapid course through the destruction of the cortex of the suprarenals. This case shows the vital importance of the cortex of the suprarenal capsules. The glycosuria may be interpreted as due to the destruction of the cholin present in the cortex, which is antagonistic to the adrenalin of the medulla, which was intact in this case.

MIXED DISEASES.—P. Remlinger (Paris Med., June 10, 1916, No. 24, pp. 549-564) discusses the changes in the clinical picture when two or more diseases develop at the same time and modify each other so that the clinical picture resulting is different from either. These hybrid or mixed diseases are particularly liable to occur among troops on a campaign, in a crowd of Mecca pilgrims, and other agglomerations of persons under conditions of privation. Some of the troops early in the war, much infected with lice, developed a peculiar form of typhoid which was retrospectively diagnosed as typhoid plus typhus. The typical "hybrid" disease is that from the blending of typhoid and dysentery. The tendency of the typhoid to stupor attenuates the pains and tenesmus of the dysentery, while the latter holds



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down the fever of the typhoid. The puzzling picture Presented is explained by the dual bacteriological findings. Such have been far from rare during the present campaign. French colonies in northern Africa the hybrid picture from his ing of typhus and relapsing fever is sometimes observed.

In the land the combination of typhus and relapsing fever is sometimes observed. ing of typhus and relapsing fever is sometimes observed. In the daily practice of medicine the combination of tuberculosis the syphilis is not uncommon. The resulting hybrid lesions and syphilis is not uncommon, the skin and syphilis is not uncommon. syphilis is not uncommon. The resulting hypothesis found in the glands of the neck, the cornea, the skin and luner found in the fuberculous lesions generally are grafted on 8s. found in the glands of the neck, the comea, the same arrival whose In the latter the tuberculous lesions generally are grafted ones. syphilitic affection of the lung. The two diseases may focus the hybrid changes are probably in the social social point. syphilitic affection of the rung. The two discussions on a single point; the hybrid changes are probably in the soil, that develops retains the characteristic. but the mixed lesion that develops retains the characteristics of each disease, and is not a new clinical entity. Measles and scarlet fever or small-pox may be superimposed, but this is

A Case of Patella Cubiti.—Katz (Med. Klin., No. 36, 1915) describes the following case; A soldier aged twenty-seven, was wounded on November 5th by a bullet which produced a plexusparalysis of the right arm. On January 23rd the author made an X-ray examination and found the following interesting accessory condition: on exposure in the semi-flexed position of the arm it was seen that a piece of bone was lying on the extensor surface of the right elbow, embedded in the tendon of the triceps, and which extended from the point of the olecranon to the distal It was four cm. in length and one cm. in width, somewhat sickle-shaped, and stretched across like a bridge from the end of the one bone to that of the other. When exposed in the extended position of the arm, the bone became obscured by the skeletal-parts of the elbow joint and could not be seen at all. No joint surface could be detected, nor any atrophy of the At the first exposure this elbow-" Patella" was found to be fractured, although the patient did not remember that he had received any injury to the elbow during the fight; at the control examination on April 21st the fracture was found to be healed. The anomaly was only present on the right side.
Whereas Virchow and Pfitzner were of opinion that bone of this kind were sesamoid, Kienböck, who published two cases of this kind in H. I, Bd. 22 of Fortshritte auf dem Gebiete des Rontgenstrahlen, expressed the opinion that it might be of "an old, ununited fracture of the olecranon (pseudarthrosis) and a detachment of the epiphysis by the laceration of a few fibres of the capsule; through attrition and friction of the closely applied, but not united fractured surfaces, smooth, possibly cartilage-covered surfaces may have developed." The history of the author's case provides a definite proof of the correctness of Kienböck's contention of a traumatic origin of this bone-anomaly -a congenital origin must be entirely excluded in this case. patient stated that when a schoolboy of fourteen he had injured his right elbow through a fall; there had been great swelling, considerable pain and disturbance of function of the joint; an After exact surgical diagnosis had not been made at the time.



subsidence of the symptoms the patient noticed for the first time a hard, movable body over the elbow joint. The medical attendant was of the opinion that a piece of bone had been broken off and an X-ray picture taken at that time also showed distinctly such a detachment. Apart from a slight impairment free of the mobility and feeling of fatigue in the joint the injury had not caused the patient any discomfort and had not prevented him from doing his military duties. The objective condition at the last examination was as follows: flexion is unimpaired, the elbow joint is at an angle of 150°. Pro- and supination not affected. On palpation of the extensor surface of the right elbow, especially when in a slightly flexed position, the bony bridge can be felt, which can be easily displaced about half a cm. in a transverse direction and somewhat less in the longitudinal one. In the differential diagnosis the following come into question: sesamoid bone—the history and one-sided occurrence occluded it in this case—intramuscular ossification, so-called traumatic osteomata, intra-tendinous or intra-fascial ossification, and an osteoma cartilaginosum at the lower end of the humerus. The X-rays will in all these cases help to elucidate the conditions; at the elbow-joint ossifications are most frequently found in the brachialis anticus. What was particularly striking in the author's case was the great size of the bone; it must be assumed that the fracture had also torn off a piece of the periosteum which had retained its bone-forming function up to a certain time. That bone proliferation may take place in this way has been proved. by animal experiments.

INFECTIOUS INFLAMMATION OF THE NASO-PHARYNX (ANGINA RETRONASALIS.)—By Dr. Blumenthal (Berl. klin. Wchenschr)., No. 9, 1916). This affection, although known to nose specialists, has not received sufficient attention from the general practitioner. Occurring frequently in epidemics, it is as a rule diagnosed as "influenza," or occasionally regarded as an ephemeral fever. The knowledge of this disorder as a disease sui generis was conveyed to the author by a mere accident some years ago. In a ward containing scarlet fever convalescents, several of the patients were taken ill with a sudden rise of temperature, in some cases reaching above 40 degrees C., rigor, general prostration and pains in the forehead and back of the head. The fever was in some of the cases of a pronounced septic type, and it returned to normal partly by lysis, partly by crisis. Examination of the oral cavity, lungs and urine proved negative. On the other hand, all the patients—mostly adults—showed swelling and pain of the lymphatic glands lying under the edge of the sterno-cleidomastoideus, about the level of the lobule of the ear as well as lower down. This induced the author to examine the area of their supply. The rhinoscope revealed a pronounced inflammation of the pharyngeal tonsil, partly simply catarrhal and part lacunar. Since then he has examined all cases of acute feverish conditions, without apparent cause, with the rhinoscope, and as a result he believes that many cases of epidemic disease diagnosed



as "influenza" should rather be given the name The clinical aspect is as follows. retronasalis infectiosa. The chinesa aspect with fever is hitherto healthy person is taken suddenly ill with fever is a hitherto healthy person in the forehead and back of teat hitherto healthy person is taken suddenly in the forehead and back of eat prostration and distressing pain in the forehead and back of the prostration and distressing pain in the forehead and back of the prostration and distressing pain in the forehead and back of the prostration and distressing pain in the forehead and back of the prostration and distressing pain in the forehead and back of the prostration and distressing pain in the forehead and back of the prostration and distressing pain in the forehead and back of the prostration and distressing pain in the forehead and back of the prostration and distressing pain in the forehead and back of the prostration and distressing pain in the forehead and back of the prostration and distressing pain in the forehead and back of the prostration and distressing pain in the forehead and back of the prostration and distressing pain in the forehead and back of the prostration and distressing pain in the forehead and back of the prostration and distressing pain in the forehead and back of the prostration and distressing prostration and d head, but as a rule no special organ is complained of few of the patients will mention a feeling of dryness or Only a behind the nose and an increased secretion of the patients was is the woice of most of the patients has is distinct nasal twang. It is the general symptoms that they most a shortly complain of. An examination of the thoracic organs showthy to topsils are in most cases normal in applicable. normal conditions, the tonsils are in most cases normal in appears normal conditions, the tonsils are in most cases normal in appears normal conditions, the tonsils are in most cases normal in appears normal conditions, the tonsils are in most cases normal in appears normal conditions, the tonsils are in most cases normal in appears. ance, at the most a little reddened, but not painful, and the glands belonging to them not enlarged. A tough mucuous string at the back of the larynx attracts instant attention. If the sterno-cleido-mastoideus is palpated, there is found in almost all the cases, especially at the posterior edge, one or several glands, from the size of a pea to that of a hazel nut, generally tender on pressure. They may be present either on one side or on both. Anterior rhinoscopic examination shows either normal conditions or a slight swelling of the turbinates, but posterior examination shows a strong inflammatory swelling of the mucous membrane of the nasopharynx, especially of its roof. At this place and in the upper parts of the posterior nares thick, tough, yellowishgreen mucus is found adherent. Frequently the pharyngeal tonsil shows the same changes during the lacunar form of tonsilitis. In the majority of cases the symptoms disappear entirely in a few days. In some of the patients slight coryza develops or the tonsils become affected. In many cases of the supervenes which is not surprising. In some of the patients the kidneys become involved, evidenced either by slight transient albuminuria or a hæmorrhagic inflammation. But these cases also recover soon. Suppuration of the glands of the neck was never observed. The latter are painful on pressure for three days at the most and cause no spontaneous troubles. This is probably the reason why this sign, which is of importance for the rapid diagnosis of the affection, has not hitherto been described. In those cases which were examined bacteriologically—they were only a few-streptococci were found. The treatment is simple. induction of profuse perspiration almost always relieves the symptoms and terminates the disorder in a few days. If a sensation of dryness and tension is felt in the pharynx, the inhalation of Emser salt, with the addition of Menthol, gives relief especially if it is inhaled through the nose. Antipyrin is more effective for the headache than aspirin. The examination of the urine must never be omitted. The author has seen the affection spreading from bed to bed in hospitals, especially from epidemics of tonsilitis. It is therefore probably a case of a different localisation of the same microbe.—The Medical





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Médical.—Annals de Med. Hon. $-P_{a_{cific}}$ Hahnemannian Mon. - $-J_{0_{\mathcal{U}_{r_{n_{a_{l}}}}}}$ Coast Journal
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A Urinary Test for T.N.T. Illness and the Early Diagnosis of Cases Suffering from T.N.T. Absorption. By Benjamin Moore, M.D., F.R.S.

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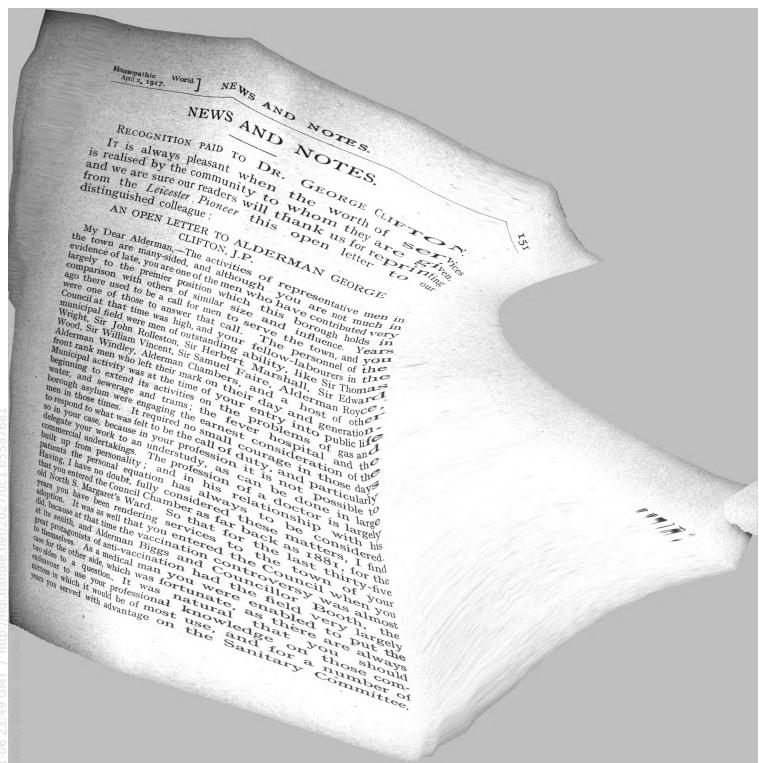
APRIL 2, 1917.

INSTITUTIONS.

With the Spring the annual reports of our Institutions begin to come in, and we can revi general position with regard to them. On the they are enduring the strain of war very well, all the specifically war work that they can and tinuing their services to the civil population, in of all the difficulties entailed by the mobilisation the army of the younger doctors. But natural is a hard time financially. Supporters have staunch and self-sacrificing but the attempts to debts and raise special funds are much hampered the existence everywhere of funds and appeals have claims of very present urgency. We desire that these funds should not be supported we have three comments to make on the situal First that Homœopathy is worth a special effort sacrifice; there we know that our readers agree Second, that even in these days certain for people are making a good deal of money, and any such are interested (or can be made interested) in Homocopathy, no more admirable cause can be Third, that for some of their surplus wealth.

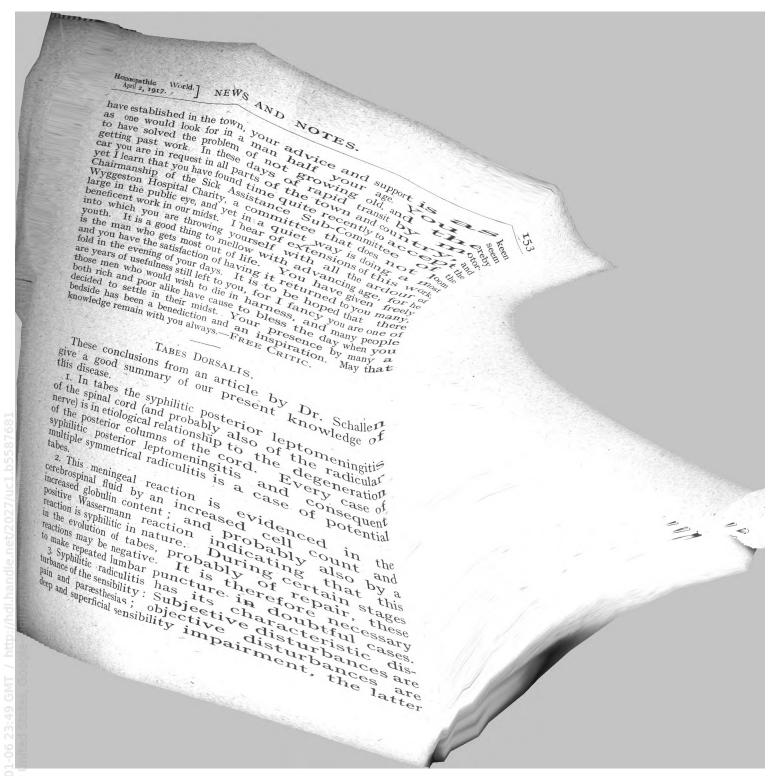
long run, as Lord Donoughmore eloquently pleade at the London Homœopathic Hospital, institution thrive better with a steady body of subscribers that with uncertain donors. It may be impossible for a present subscriber to increase his or her subscription but if each subscriber to a hospital or to the Association (or to both) would determine to find at leas one other subscriber in this year, incomes would be enormously increased, by a tax which would yet la no overwhelming burden on anyone.

FAT FLAP TO CORRECT FEMORAL HERNIA.—By using a dunculated flap of RECT FEMORAL HERNIA.—By using a dunculated flap of Rect Femoral Hernia. Pedunculated flap of adipose tissue, Chaput (Rev. de Gyn., Paris 1916, No. 5, pp. 353-440) succeeds in obliterating the opening with a firm and healthy liver pad cover. The incision is that cor an inguinal herniotage Than he divides the anterior for an inguinal herniotomy. Then he divides the anterior wall of the inguinal canal and thus obtains access to the femora ing, after having pushed aside the spermatic cord on the round the drawn if the igament. He draws up the hernia sac into the wound if the hernia can be reduced. If not, he resects the sac through ar incision in the thigh. No attempt is made to suture the femoral it is oblitarate. No attempt is made to suture the femoral incision of adipose ring; it is obliterated by suturing over it the flap of adipose tissue one cm. thick, the base at the lowest point corresponding to the pubic, the internal margin to the median line. This Pedunculated flap is brought down between the peritoneum and the abdominal wall, after resecting its skin surface. is sutured to the ligaments of Gimbernat and Cooper and to the is Sural arch. This is facilitated by slitting the flap for two cm. one strip passing behind and one in front of the femoral vein, He has applied this technique to three women and two men. The flap healed in place and the hernia was completely corrected, although the opening had not been made smaller, but merely covered with the flap. No by-effects or complications were ever observed, and the technique, he says, is simple, easy and certain to succeed.





being chairman of the Fever Hospital Sub-Committee, aroun which so much controversy raged somewhere in the early nineties but it will be as Chairman of the Asylum Committee, now know in these progressive days as the Mental Hospital, with which you name has always been intimately associated. For over a quarte of a century you have filled that chair with credit to yourself an to the advantage of the town and to the unfortunate inmate who sojourn there for a period or remain there permanently It has been the child of your adoption, and from the laying of the foundation child of your adoption, and from the laying of the foundation child of your adoption. the foundation stone over thirty years ago until quite recently you have been those over thirty years ago until quite recently you have been those over thirty years ago until quite recently you have been those over thirty years ago until quite recently you have been those over thirty years ago until quite recently you have been those over thirty years ago until quite recently you have been those over thirty years ago until quite recently you have been those over thirty years ago until quite recently you have been those over thirty years ago until quite recently you have been those over thirty years ago until quite recently you have been those over thirty years ago until quite recently you have been those over thirty years ago until quite recently you have been those over thirty years ago until quite recently you have been those over thirty years ago until quite recently you have been those over the property of th you have been the guiding spirit of that institution. You have not been one of the showy men of the Council, and nowadays you voice is vorce of the showy men of the Council, and nowadays you voice is very seldom heard in debate. When you do speak it upon a subject on which you have special knowledge, and usuall bears upon the plant of those under di bears upon the physical or mental well being of those under di cussion. You are ostensibly a Liberal, and have strong demonstration cratic sympathies, and yet I venture to assert that very fe outside your immediate colleagues on the Council would be ab to state to which party you really belong. Not that you have in any way trimmed you really belong. Not that the medical in any way trimmed your beliefs, but rather that the medicamind has predominal your beliefs, but rather that the medical predominal your beliefs, but rather that the medical predominal your beliefs, but rather that the medical predominal your beliefs, but rather than the medical predominal your beliefs, but rather than the medical predominal your beliefs. mind has predominated, and you usually approach question that standpoint and you usually approach question from that standpoint instead of from an orthodox point of view You have run through the whole gamut of party advancement and have been made the whole gamut of the Peace and i and have been made an Alderman, a Justice of the Peace, and i 1898 you were raised to the Mayoralty. That office you discharged with dismits to the Mayoralty. charged with dignity, kindliness and tact, and although you were aenial and fair to all, kindliness and tact, and although you were the deliberations of the genial and fair to all whilst presiding over the deliberations of the Council, you could upon occasion be firm, as a certain unrul member of the Council learned at one particular meeting During your year of office we were in the midst of the Sout African War, and it will always be to your credit that you raise over £4,000 for the reservists' wives who suffered during the wa Altogether your year of office was a strenuous one, and the social made many domain of office was a strenuous one, and the social made many domain of office was a strenuous one, and the social made many domain of office was a strenuous one, and the social made many domain of office was a strenuous one, and the social made many domain of office was a strenuous one, and the social made many domain of office was a strenuous one, and the social made many domain of office was a strenuous one, and the social made many domain of office was a strenuous one, and the social made many domain of office was a strenuous one, and the social made many domain of office was a strenuous one, and the social made many domain of office was a strenuous one, and the social made many domain of office was a strenuous one, and the social made many domain of office was a strenuous one, and the social made many domain of office was a strenuous one, and the social made many domain of office was a strenuous one, and the social made many domain of office was a strenuous one, and the social made many domain of office was a strenuous one of office was a strenuous of office was a strenuou side made many demands on your time and purse. In spite of expense and labour on your time and purse. the expense and labour entailed there is no doubt that you receive mensations. As a homoeopathist, it is conceivable that yo Would not be a persona grata to your medical brethren of the opposite faith, and prior to your induction to the Mayoral Charge is no doubt that to there is no doubt that they regarded you with a certain amour of suspicion, but your genial personality and your civic position in the town conquered this real or fancied ostracism, and you pair of well-groomed cobs. smart coachman, and the latest thin parriages, flashed like lightning to all parts of the town, and in carriages, flashed like lightning to all parts of the town, and heavily increased practice must have been the result. Outsid your civic life your activities have been, like Sam Weller knowledge of London, extensive and various, and yet one alway thinks of you as the friend of the children, and the Society for Prevention of Cruelty to Children has had no better friend Indeed, though bordering on the span of life which the Psalmi described as a burden, you still keep up this particular interes and in the Home for Feeble-Minded Girls which the Municipalit



following radicular distribution. In the lower extremities this radicular involvement cannot always be demonstrated, the sensory cutaneous involvement often presenting a peripheral or segmental type.

4. The Achilles tendon reflexes are lost as a rule before the patellar tendon reflexes: this phenomenor was observed in ten cases of primary optic atrophy

from a total of thirteen cases.

5. Anisocoria and pupils of definitely irregular contour are found frequently in early tabes. These pupillary signs, even in the absence of the Argyl Robertson pupil, are highly characteristic of early tabes, provided there is no local assignable cause.

6. The symptom of diminished hearing is frequently

encountered in early tabes.

7. Cardiovascular disease, especially aortic disease, and general glandular enlargement are frequently found in tabes, thus giving evidence of syphilitic processes elsewhere in the body.

8. In a patient with a history or other evidence of syphilis presenting characteristic sensibility disturbances of the radicular type with a tendency to symmetry, one should suspect a potential or early tabes. If, associated with the foregoing, we have a positive reaction in the cerebrospinal fluid indicating a chronic syphilitic meningitis, together with such pupillary Phenomena as anisocoria, pupillary irregularity or sluggish reaction to light, the diagnosis of early tabes most probable. Added to the foregoing symptoms, the loss of the Achilles tendon reflex establishes the diagnosis of early tabes even in the absence of those signs which we usually associate with tabes: Romberg, marked sensibility loss, absent patellar reflexes and Argyll Robertson pupils.—J.A.M.A.



ORIGINAL COMMUNICATION

A SYMPOSIUM ON SULPHUR.* TWO ABDOMINAL CASES.

By T. G. STONHAM, M.D., Lond

OUR Secretary, Dr. Weir, has asked me for OUR Sections, paper in order to start a discus fitteen minima of our materia medica: I have Sulphur as being one of the best known, most Supplier as most valuable of our polychrests, used and most valuable considerate used and commence the consideration of it by repropose to commence the consideration of it by re propose where it proved very useful in distance

occurring in the abdomen. My first case, Mrs. L., was an old lady well on bet seventy and eighty years of age. operated on for an appendicular abscess. The operated did not go on satisfactorily. A he valescence was established and there was an defined feeling to the touch of something abnorm some thickening of tissue, between the ribs and iliac fossa. There were also acute attacks of periton. of short duration localised in the right hypochrondriu and more or less persistent pain in that region. and more of that some infection had travelled from was thought that some infection had travelled from was thought the appendicular abscess and had given it to a localised purulent focus amongst the folds of the intestines, but shut off from the general peritones cavity by adhesions. The question of reopening the abdomen and exploring was considered, but on account of the age of the patient and her reluctance to undergo another operation active measures were deferred. In the meantime Dr. Burford was consulted. He advised a trial of medicinal treatment before anything further was done, and placed the patient under my care for this to be carried out.

At my first visit I found the patient propped up at my mist the from sharp pain under the right ribs. The breathing was costal and she could not

* Conducted by Dr. John Weir at the British Homeopathic Society, * Conducted by Dr. John Well at the British Homeopathic Society, Although this article has already appeared in the B.H.J. we have the honour to reprint it, believing that it deserves the deserves are the circulation. the widest possible circulation.



Original from UNIVERSITY OF CALIFORNIA

bear to move. There was excessive tenderness to touch over the region extending from the ribs to th right iliac fossa and rigidity of the muscles over the Such palpation as she could bear revealed the presence of what seemed to be an inflammator mass in the abdomen. The temperature was 102° F and the pulse rapid. There was evidently acute localised peritonitis. Under Bryonia and Lachesis the acute symptoms subsided in a few days. But the temperature remained of a hectic character, going up to about 100.5° F. daily and falling to normal between The affected area remained tender and somewhat painful, and the intestines underneath gave one the impression of being thickened and matter together. The patient would not lie down as she felt most comfortable in an almost sitting posture The bowels were opened daily, and a very large stoo followed by great prostration. A peculiarity about the temperature was that it always from 3 to 4 in 11.30 to 12 mid-day and fell again from 3 to 4 in the afternoon. During the fever there was headache and heat in the face. The rise of temperature was therefore not of long duration and consequently strength was fairly well maintained notwithstanding the persistence of the symptoms. She went on in this way for six weeks with one intervening attack of local peritonitis, which was subdued as quickly as before. I gave her various medicines, such as Bell., Merc., Cor., Bryonia, Nux, Hepar, Silica etc., all of which seemed suitable for the case, but no real occurred and the question exploratory operation was again mooted. But the patient again failed to acquiesce. I had given my medicines in fairly low dilutions, not higher than 12, and mostly lower, but now decided to try the effect of a high dilution. I chose Sulphur and gave her the 200 in a single dose. There was no especial indication for Sulphur beyond the fact of chronicity and the tendency to frequent relapses, the aspect of the patient which was somewhat swarthy, and more especially the mid-day and early afternoon fever which was accompanied by a decided rush of blood to the head.

was always a sinking and feeling of prostration was always a sum of prostration but as this occurred after the very la ram, tool, I was more inclined to attrib. II a.m., but as more inclined to attribute copious stool, I was more inclined to attribute copious stool, to consider it a special indication that cause However, the result was most satisfied. that cause than However, the result was most satisfaction and aggravation of pain and increases Sulphur. now aggravation of pain and increased.
There was an aggravation twenty-four hours and There was an effort wenty-four hours and after of temperature fell to normal the pain of temperature fell to normal, the pain went the temperature readually recovered standard went the temperature gradually recovered strength, so and the patient gradually recovered strength, so and the particular of the was able to sit out of bed in about a fortnight on to complete in about a root on to complete recovery. thence of wall back and when I saw her again I was no falling back and when I saw her again I was no land again in than a year afterwards she told me there had been than a year afterwards she told me there had been

recurrence of her old complaint. My second case, in contrast to the first (who was old lady) was a young girl between fifteen and sixt She had been suddenly, on January I, 1915, attac by acute pain in the abdomen and was thought bave appendicitis. An operation was immedia nave appending the matter with performed. There was nothing the matter with appendix, but the lesion was found to be tuberch appendix, but the incision was closed without anyth peritonitis. The incision was closed without anyth peritonius. The stitches were removed on further being done, the stitches were removed on ninth day. There had been three dressings of mintin day. The treatment during the first week had b wound. The treatment on the third day, a la turpentine and gruel enema on the third day, a l grain dose of Calomel on the fourth and fifth days, grain dose of Caronico on the seventh and eig. two drachins of the temperature was irregular, fluctuated days. The temperature F every domain and eight between normal and 101° F. every day. This irregu between normal and that time did and weeks, temperature common of that time did not often excern the latter portion of that time did not often excern the latter portion of the fifteents. in the latter polition 3, the fifteenth day operation, a hypodermic injection roo.o. to operation, a hypothesis on February 11th, eig of Indercum was 5 of 0.002 mgrm.; this was repeated days later, another of 0.002 mgrm.; this was repeated days later, another the 21st 0.004 mgrm. was repeated on the 18th and on the 21st 0.004 mgrm. was given, on the 18th and on the 27th o.o. was given, the 24th 0.006 mgrm., on the 27th o.o. mgrm. a thenceforth increasing doses every other day till dose of 0.02 mgrm. was reached. None of the injection seemed to have the slightest effect. seemed to nave the since the abdominant and eight weeks had now passed by since the abdomin Between sev

section for supposed appendicitis, and the parents were losing confidence in the treatment that was being pursued and were persuaded to seek homœopathic They consulted Dr. Burford, who placed her under my care. The patient was a young girl of South European parentage and of dark complexion. position very reserved, almost taciturn. She was obviously ill and weak, and becoming emaciated There was tenderness and pain in the hypogastrium and in the iliac regions, and a feeling of fulness and resistance there. She was a good deal troubled with regard to the daily action of the bowels, which caused her pain, and which was procured only by means of a daily dose of Senna. I at once stopped the Senna and ordered paraffin oil to be taken instead, and no for a remade occurred with the bowels. In seeking for a remedy my former case at once suggested to me a trial of Sulphur, and there were some distinctly Sulphur symptoms present, viz., a dislike to be washed and a peculiar odour from the skin. symptoms also pointed to Sulphur. A dose of Sulphur 200 was given on March II. From that day the temperature never rose above 99° F. and soon became continuously normal.

She at once began to improve, she regained appetite, her colour came back, her strength returned, and in course of time she was able to go for a change to the East Coast, from which she returned in almost normal health. There was one suspicious symptom, however remaining and that was a quickened pulse; it was persistently 84, both night and morning. She continued well all through the summer. In August she was taken to a seaside watering place in Devonshire and for a fortnight or so enjoyed the walks and sea bathing that the place afforded, then on one cold windy day she took a bath in the sea and while doing so became chilled; she went home shivering and was shortly seized with severe pain in the lower abdomen accompanied with a rise of temperature to 103° F. I was sent for, and on arriving found her suffering from acute pelvic peritonitis and the pelvis filled with a boggy semi-solid exudation which extended to the

A SYMPOSIUM ON SULPHUR.

lower part of the abdominal cavity. Under trespond to become somewhat less acute, lower part be some suppuration of the abdominal cavity. the condition be some suppuration some to my soil thought the Dr. Burford to come to my aid. and sent to brink it a case for operation, however, did not think it a case for operation, but that medicinal treatment should be a should be and sent to be a should be a sho Butford, now that medicinal treatment should be and decided that medicinal treatment should be and decided Of course Sulphur was given again, but of continued. A great many large in but this time it utterly failed. A great many drugs were this unit turn, with the result that the acute symptoms were overcome and the patient fell into a chronic state of hectic temperatures similar to that in which she was when I first saw her in the preceding February, when I first took over the case. Though she was under my treatment for several weeks and Sulphur was given in various dilutions from mother tincture to CM. entirely failed to produce any appreciable effect. The patient ultimately passed into other hands. heard some weeks later that she was much the same but since then have lost knowledge of her.

Though it was unfortunate that in this case Sulphy failed to exert any influence on the last occasion, that fact does not detract from the very remarkable effect resulting from its employment in the first instance Evidently, in the second attack there was something hindering the action of the Sulphur, and that something I take to have been the action of the tubercle bacillos On the first occasion it was no doubt acting to a certain, extent but less violently. Probably the abdominal section, as is often the case, had by mere exposure of the abdominal cavity to the air, inhibited to some extent the activity of the tubercle bacilli, though they had still sufficient vigour to manufacture sufficient poison to keep the patient ill. In my first case there was no underlying tuberculosis and when improvement occurred it was permanent.

An interesting question is, what was the action of the Sulphur in these two cases? Sulphur has had for a long period a reputation as an absorbent of inflammatory deposits and exudations. Does it do this by any local action? I think not, with the possible exception of deposits in the skin. In both my cases the system was suffering from absorption of poisons manufactured

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Original from UNIVERSITY OF CALIFORNIA in the affected area of the abdomen or pelvis, and a long as this was going on no removal of the exudation took place. The poison circulating in the blood seem to have inhibited the leucocytes from performing their phagocytic functions. Is it not probable that the Sulphur acted by stimulating the processes engaged in destroying poisons? Of late we have been taught to look to the internal secretions as annihilators of poison circulating in the system. The thyroid secretion, fo instance, is well known to act in this capacity.

But, as far as my experience goes, Sulphur has little or no influence on the thyroid secretions; nor has i on the adrenal or pituitary secretions. The grea abdominal organ, the liver, seems to be the sphere o influence of Sulphur and, as we know, it is the live that destroys and renders innocuous the poison brought to it from the portal system, from the abdo minal organs and the peritoneum.

I suggest that in my case the Sulphur stimulated the production in the liver of the various alexins and other poison-destroying ferments in sufficient quantity to antagonise all the septic material arising from the seat of disease, and that so the blood was left pure and the leucocytes left unhindered in their phagocytic action and were therefore able gradually to remove, as they did, the exudations at the affected localities. Though this would take some time, the immediate improvement in general condition and the fall in temperature were immediate, as the poisons were no longer in

With many apologies I offer this rather sketchy paper as a peg on which the meeting may hang a discussion on the mode of action of our great remedy— Sulphur.

DISCUSSION ON SULPHUR CASES.

DR. WHEELER (in the chair) said that the present meeting was, to a certain extent, an experimental one An appeal had been issued to all members to come prepared with cases to supplement the excellent open ing to the discussion which Dr. Stonham had given.

Homospathic World.] A SYMPOSIUM ON SULPHUR

I.—Contributed By Dr. Munster was lady, aged sixty, of spare build, moderate dark complexion, coming of a family of we suffered from otosclerosis and consequent put down vaguely to gout. There was no specially important in the family or personal

She came to Dr. Munster early in 1915 for r stiffness, for which nothing in the way of low or material doses gave much relief. Strych.

Bry. Ix, Ac. benz., Ix, Rhus Ix, Hydrast.

Colch. Ix, Hep. s. 6x, Syr. glycerophos. 6x, L and Sodii salicyl., Ferri iod., Merc. 3x, L and Sulph. 3x had all been tried, and even Phylacogen, but all with no permanent relief.

Dr. Munster had always felt the case Sulphur. Symptoms on February 16, 16 "Stiffness still marked in thighs, liver of upset and water thick then. Bowels regular coated at rear. Cold extremities and knees, obliged to wear knee-caps. Likes air, but not severe cold; bears heat well. Cat vertex and over the right hypochor damp weather. Burning of feet at night ar feeling at II a.m. were well marked."

These symptoms were not much affected above remedies until on September 3 two Sulph. 30 were given and improvement was i and decided.

This lady is now practically well, and e that time Sulph. 30, an occasional dose, failed to help her. It is noteworthy that the seemed to aggravate rather than help in the 3:

(The following case notes relative to the Sulphur which had been forwarded by mem) country were read by Dr. Weir.)

- II.—CONTRIBUTED BY DR. ECCLES, OF NA
 YORKS.
- (I) Case of epilepsy cured by Sulphur. Feighteen. Dirty looking skin. First conjuly 21, 1916. Two years previously fell.



For previous year had suffered from epileptic fi once a fortnight. They occurred when out walking in the street, and also when asleep in bed. Defini suffocating feeling in lower abdomen which seem to go upwards till it reached his throat, when he becan Sulky disposition, very angry at time over-sensitive and easily offended. Will sit shivering over fire in cold weather, but hot weather upsets hi most and makes him depressed. Hungry faint feeling Fæces and urine smell very heavil Single dose of Sulphur 30. August II: Somewhat II: Somewh Better in every way. Headache and difficult in seeing. Glasses ordered. September II: No fit but feel queer for first half hour on waking. Sulphi repeated. December 29: Quite well. No fits since August 5. January 29: Quite wen.
No fits. Does not get angry. Boy looks well i

This was a definite case of epilepsy with frequently fecurring attacks, both when awake and in bed. father feared he might commit suicide. He dislike bathing, which aggravated him, had a sinking feeling the had a clean at II a.m., and stinking fæces. Now he had a clea looking skin and healthy appearance, was happy an good-natured, and it was only the astigmatism whic

111.—CONTRIBUTED BY DR. FOLEY, OF THE HAHNEMAN HOSPITAL, LIVERPOOL.

(I) W. H., aged twenty-one, was gassed in France Discharged from the army and consulted Dr. Fole complaining of diarrhoa of six months' duration On inquiry diarrhoea occurred every morning abou 5 o'clock, and in the next hour or two bowels moved four or five times and then did not move again til next morning unless he drank coffee or milk, which immediately caused an action. Motions light yellow and very offensive. Much flatulence and acute pair before stool. Treated with Sulphur, which entirely cleared up the trouble.

(2) Miss M., aged fifty-four. Had suffered from

rheumatoid arthritis for many years in joint hands and hip joint. Earned her living by and first consulted re increasing difficulty her needle. Feet and hands burn at night them out of bed. Pain worse in frosty vand cold. Passes urine two or three tine hight. Sinking feeling at II a.m.

This was followed by such severe and aggravation that Dr. Foley at first feared have to antidote, but this gradually passed the patient much better in every way. months the pain was much less and the patient hold a needle well, and could also walk much be thirty of the patient.

(3) Mrs. B., aged thirty-eight. Suffere asthma for thirty years. Attacks occurred times a week. Doctor in very frequent attacks consulted for first time in November, 1915.

30 given. Attacks did not cease but becam much milder. Was not consulted again February, 1916, when severe attack. Three desen August 23, 1916, when third severy mild. Sulphur 1m. given. Not seen since, but patien much better, but still mild attacks.

Dr Foley remarked that he had not paid this p had in so many days.

IV.—Dr. Weir related the following cases of his illustrating the use of Sulphur:—

(1) In June, 1910, he was consulted by a man, forty-four, complaining of sciatica and chromatical which had persisted for twenty years. Had been to Bath and most of such places but derived no benefit from them. His sciatical was we extremely restless but got no relief from motion. He scientist on one occasion had himself suffered from bad rheumatism in the right shoulder. He felt he must keep moving the shoulded but the movement gave no relief. He took Sulphur 20



S. Listin

and got relief within a very short time.) The patien was very "livery," always worse for a cold bath, which upset him in every way. His bowels seldom gav healthy stool, but it was always varying in characte being offensive, sour, slimy, yellow-green, very loos He always had diarrhea within fort minutes after a glass of milk. He slept badly, wakin about 3 a.m. He always was worse in a warm room but also did not like cold weather. These symptom all seemed to work out to Sulphur, and Dr. Weir there fore gave him three doses of Sulphur 1,000: In tw weeks the medicine had a most salutary effect on hi bowels, and he had healthy motions, perhaps on the hard side, and felt much better, his rheumatism having practically gone. Ten days later his stool was stil and healthy rheumatism. and there was not a sign o On July 29, the Sulphur was repeated In September the patient reported himself as stil

(2) Dr. Weir's second case was a lady, aged fifty-ning of diarrhan att him complaining of headaches, and also of diarrhæa after beer (Dr. Weir said he had picked ou these cases to show the peculiar symptoms of Sulphur) This lady complained that if she took a glass of bee she had stool at once. She had headaches abou every six weeks which lasted three days. She fel better in the open air, and for cool applications, bu worse for pressure of hat or hot sponge. Her appetite was small, but she had a great desire for fat and aver sion to milk, cheese and sweets. She had rheumatic pain which was worse at night when in bed, when there was often swelling of the joints. She suffered also from great perspiration which was better for bathing in hot water. The symptoms which led him to us Sulphur in this case were that the patient was so markedly affected by heat, had diarrhea after beer the desire for fat, the aversion to milk and sweets rheumatic pains worse at night, headaches relieved by cold applications. Sulphur was given with grea success.

Dr. Weir said that one sometimes got cases wher there were few symptoms to go by. He had recently

The state of the s

had a case in hospital of a sailor boy, who had a case and boils. He had the had a vas acne and boils. He had the dirtie plaining Weir had ever seen. skin Dr. Wen treated by means of foment; and had been a force antiseptic second force. He had been a and had been 6 cc. antiseptic vaccine, but injections of boy had no symptome. injections to boy had no symptoms and a effect. The boy had no symptoms and a effect. The extremely healthy and had the acne was extremely healthy and had the acne was Dr. Weir gave him complain of difference in that boy was i remarkable and arrested one's While in hospital he had three doses on December 6 and 13, and Tanuary on percentage of the plant of the lanced abscesses were so bad they had to be lanced anscesses the boy became quite good-looking v warus une that case Dr. Weir said he had skin. In that case Dr. Weir said he had nothing to go on, but he played his trump of V.—DR. MARGARET TYLER related the fol

of a man who had recently been in wards care of Dr. Weir. Sergeant George W., aged forty-four, com

came to Dr. Tyler's Out-patient Depa September 12th, 1916. He was sent on b who had had him X-rayed, and found " He had also some rheu true ankle-joint." in other joints. His left ankle was swolle and discoloured. In the first place it 1 there were ankylosis of the joint. remedies seemed to lie between Led. and Sul was first given and the joint was very day, then improved a little. Medorrhinun then Capsicum (for a peculiar symptom) October 27th, Rhus im. Join. swollen and inflamed, he was admitted Weir on October 25th.

On October 28th, he had a dose of got a very severe aggravation, which suddenly at 3 p.m. the next day. Fou: there was already "no redness, much very little pain, only slight pain on mox the man said that he felt very much better On December 13th the ankle bones we

feelable, but the wrists and knees



and he got his second dose of Sulph. 1m. Again the was a severe aggravation, and he was ill all night, achiall over. This passed off in twenty-four hours.

An X-ray examination on November 11th show spaces between bones practically clear; there we

none visible in that of September 12th.

He was discharged on January 17th, 1917, when t note is: "Ankle does not swell when he walks about No pain. Hardly limps at all. In the last plate t joint has the normal light-spaces between the bone. The man is back at work, and still attends the Oupatient Department.

On January 6th, he got a dose of Tub. bov. 30, and February 1st, as the ankle was rather sore, and inclin

to swell again, he got a dose of Sulph. 10 m.

Dr. Spiers Alexander said he would like to co tribute one case which occurred to his mind on the sp of the moment. The patient was a gentleman of abo sixty years of age, who for some years had had co There w stantly recurring early morning diarrhœa. very few other symptoms. At the outset it seemed him that it was a case for Podophyllum (?) or Ala but finally the symptom that led him to try Sulp was that it was definite early morning diarrhœa chronic character. Three doses of Sulphur 200 v given in succession, and they entirely cleared the A year afterwards there was a slight recurre and he then gave a second three doses. there had been no recurrence whatever. said that Dr. Munster's case had recalled to his 1 an a cute cough from which he had himself suff and the occurrence of which he believed he had re to the Society on a previous occasion. suffering from influenza, and had had a temper for days which nothing seemed to touch. all the classic remedies without effect, and almost in despair of ever getting well. notice d that his feet were so hot that he had t them outside the bedclothes to cool them, and at took one dose of Sulphur 6. Within half an ho temperature was normal and never went up again HALL-SMITH said that when he had the

domeopathie World.] A SYMPOSIUM ON SULPHUR.

fortune to go to Chicago some years ago he sceptical of the remedial value of anything in End who Dr. Kent he heard from a lady patient in Englia and which followed was suffering from a lady patient in Englished with followed on overstrain trouble was study lands and which followed on overstrain backache and the work of the strain backache and control work of the strai which followed on neuralgia, backache and two rather bad confiners and chicago he men out her symptoms to Sulphur. He could not be subther but one were symptoms to Sulphur. He could not be subther symptoms to Sulphur. He could not be subther symptoms to Sulphur. He could not be subther symptoms to Sulphur. off-hand the particular symptoms which was a common this outside the surface of t was the bedclothes both during the day time and who consider the bath who could be asleep. Another symptom what she consider the bath who could be aintness and bath with the day time and she consider the bath with the consideration. putting the feet outside the bedclothes bedclothes both a see her feet projecting bedclothes both a see her feet projecting and whe asleep. Another symptom was that she considerate out of the question. She and a general feeling about 11 o'clock in the morning to me and a general feeling of illness, and a ge were quite out of the question. She and new pain in the back. Dr. Hall-Smith sen patients that pain in the back. Dr. Hall-Smith sent about the unable to move for about taking this she after taking this she after the was at the heard later that after taking this she after the west with the morning the wast to the wast with the wast to move for about three days. unable to that after taking this she After to Sulphur was always a laways a value of the was at the trace of the pain entirely went and she was able edytency as always a value of the was a trace of the was at the trace of the was able edytency as always a value of the was a trace of the was a trac patient was always a valuable rempon a not was always an intense aggravation, althought to her above the sixth potency.

A second case which might potency.

Sentleman case which might potency. If to her above the sixth potency.

A second to the power of high potencies to a gentleman case which might be of interest error as suffered from aged thirty-two, a schoolmas in irritation round the anus the buttocks. When there was spreading out to there was considered from the power of high potencies to the buttocks. This was spreading out to the buttocks when there was spreading out to the buttocks. which might be of interest excess parties aboy at school irritation round the anus the buttocks. When there was a red eczemisturbed, and his general health a warm round the irritation of the limit was spreading out to the buttocks. walk because of the irritation, which was also on, worse every timely in the second and the seco which was also aggravated by water. He teely in the last aggravated by water. He teely in the last aggravated by water. freely in this case one dose of Sulphur siven The case one back later and given. The Patient came back later and 52 Very bad indeed for twenty-four hours after

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·Sulphur, but after that the whole thing subsided, and a week afterwards the redness disappeared, leaving simply brown discoloration. Dr. Hall-Smith months later. The whole the patient again four trouble had entirely subsided during the interval On this occasion a further but was tending to return. dose of Sulphur 10 m. was given. He did not hear fron the patient again for more than two years, when he wrote saying the trouble had absolutely gone.

Another case was that of a boy who came up to out patients' with a scabby, pustular eruption all over hi face and partly over his head. The boy was aged seventeen, and had had this eruption for three month and was unable to get rid of it. He was a dirty, rathe dishevelled type of boy and looked a typical Sulphu Sulphur was given and the next time he cam to the hospital his head was wrapped in a shawl. eruption was so bad that hardly any skin could be see on his face and he was ashamed to uncover it. the boy to cheer up, administered a placebo, and fortnight later the boy returned with his face absolutel

A similar case was that of a little gir! aged eleve who had become infected with impetigo from a nur nine months previously. The child nad been und the care of a skin specialist who had prescribed oir ments but she had got no better. She came wi typical Sulphur symptoms, she was aggravated by he could not stand anything hot and was very thir for cold drinks. Three doses of Sulphur 200 were giv at in tervals of six hours. The mother came back later in a great state of mind saying that erunt ion had come out very badly. He resassured and then he saw the child again ten days later or erupt ion on her head had absolutely cleared up.

generally heard of Sulphur in connection those 1ean shouldered, dirty complexioned people, experience he often associated Sulphur in his florid complexions and really healthy looking pe and he had found that this type generally reacted Sulphur when the other symptoms agreed Well to said that Dr. Hall-Smith's NEATBY $\mathbf{D}_{\mathbf{R}_{\cdot}}$

interesting Sulphur cases recalled to his mind and action of he came across a good many high dilutions. he came across a good many years ago of the ident who high dilutions—or what he used then to contient silvers had had a day of the silvers. dilutions—or what he used then to constitute the silver had had a dose or two of Salver and all around a lackers and all around a lackers. had had a dose or two of Sulphur 200, and all productions blackened by some watch observed were Promptly Prodid not in his pockets and watch chain, etc., were by en claim that the dose of Sulphur taken had dress the combine with the with the with the dose of Sulphur taken had dress person, but it cient to combine with the silver about his combined process of that it bedome influence and and with the silver about the combined with the combine person, but it seemed that it had some influence supported with sof the bod that some influence supported that it had some influence supported that it had some influence supported that some influence supported that some influence supported that it had some influence s chemical Process of the body, so that from he phurical produced something. combined with something was excreted the change on the his taking along thing happened a second time on the his taking along with reference to one of his cases. explained the feeling of exhaustion probably the copious evaluation of exhaustion probably the feeling of exhaustion probably the copious evaluation probably evaluation evaluation evaluation evaluation evaluation evaluation evaluation evaluation evaluation e was under the impression that aggraviom. and exhaustion was a Sulphur symptom directly dependent on the was a Sulphur symptom.

The impression that aggraviom. onedy. Symptom in helping to a property to Dr. Neathby thought choice and the many to see a small children he was much younger he work and lidents. not a symptom was a Sulphur symptom directly dependent on it poice wallable symptom. Dr. Neather the evacuation, Dr. Neather the symptom directly dependent on it poice the evacuation, Dr. Neatby thought valuable to a said that When he was much younger he are said who had been given up by the present a transfer and larmer.

The child had persister by the present and larmer and lar valuable symptom in helping to a diarrhea. The child had persist of days as a bandoned. In the property of the start Bufford was abandoned. In the Bell's volume on diarrhoea with him and Support the symptoms were covered by Suphur. He symptoms were covered by immediately gave these remedies, and the to mend, and ultimately government. well and went to mend, and ultimately gardenewed indi renewed indication of ill-health. The partinusted on a state of the next twenty years insisted on attributing her well-being to how To his mind it was the Sulf

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produced the permanent amelioration; the Bryoni meeting the requirements of the passing phase. thing might have been said on the value of Sulphur a the menopause. He had found it repeatedly usefu and of very great value there. With reference t Dr. Stonham's case, the greatest credit was due to hir for the admirable result which followed his initia dose of Sulphur. The patient was certainly dar complexioned with a distinctly dirty looking skin She had been under the care of various distinguishe medical men of the day, who had all drawn blanks She had had repeated doses of Tuberculin which ha only made her worse, till the parents got tired of it an decided to give Homeopathy a trial. The strikin and immediate improvement that followed Stonham's dose of Sulphur, and the maintaine improvement was such that he always regarded tha particular case as being one of Dr. Stonham's master The girl had been ill for some long time an had suffered a very distressful and unprofitab operation immediately before she passed under D Stonham's care, and to pull her out of a fire of syn ptoms with a single dose was a very noteworthy thin However, "Let no man call himself happy, etc.," f the next year, for some unknown reason—excepting bathing and staying in an insanitary watering place the trouble recurred. On that occasion, Sulphur of not act. He had no explanation to offer; the co dition was apparently the same and things seem equal, but the condition did not respond to the reme Perha ps some light would be thrown upon this in discussion,—why a drug which had been success on one occasion should subsequently have no ef On a later occasion when the conditions present, to Intent s and purposes, were precisely similar.

In this connection, Dr. Burford remembered case of a child who had had very bad eczema of scalp which Juglans cinerea had cured. The issummer the eczema came back and Juglans had effect at all. He had no solution to offer to the prot of why Dr. Stonham's case should have relapsed why Sulphur should have failed. It was probable

Homosopathic World.

there was a very definite alteration in the court in the course of the national secretions. course of the next five-and-twenty years a secretions and their control of the co more would be known about the internal and their control of disease and their control of disease and phases of disease.

LETTERS FROM THE FRONT.* 8.2.17. Many thanks for your kind letter. I am glad numbers new patients is only tare not and letter. I suppose the falling of institutions was in the contract of the Many thanks for your kind letter. I am glad to no be resonable that are not actual war what all shoritable insect and My thought the control of the control of new patients is only what all shoritable insect are not actual war what all shoritable insect are not actual war. of new patients is only what all charitable expectation.

Wait till the war is only what all charitable have to specially specially.

Wait till the war is over, and see how will is my day for attending. My heart is eing able to expect the service of the way for attending. My heart is eing able to expect the service of the way for attending. My heart is eing able to expect the with you at (Thursday) with the way for attending. My heart is eing able to ext generate devote children, and I am looking forward to treatment yest generation Wy heart is peing and test real ment yes, I heard the sad news of Dr. Sandberghim of than most of our colleagues did, from lear, the Quinton Clinic.

My heart is peing and test test the Yes, I heard the sad news of Dr. Sandberghim of the than most of our colleagues did, from lear, the Quinton Clinic.

My heart is peing and test test of the And you, of course, being as the Pr. Powell is

who een

I hope the Quinton Clinic.

Near, the unusually widespread.

The get ve We get very changeable weather here sum, to day we are in the Unusually We epidemic We widespread.

the sun, to days ago we will be the sun the spring has come. On that warm day the sun to the sun to day and any day now we may that spring has come. On that warm day to the sun to the sun to the sun to day and the crocuses were out on the best work as the sun to t

that spring has come. the rocuses one come. On that warm day one could not be bills around so the could not be recorded to the bills around so the could not be recorded to the bills around so the could not be recorded to the could not be rec one could not help treading on them, and trees were in full bloom. So Spring is already

to assert herself. The work exciting The here is quite that are here is quite interesting,

We owe the opportunity to print this letter to the kind Roberson Day.

Original from UNIVERSITY OF CALIFORNIA affecting my patients (Macedonians attached to the Allies' Mule Corps, and Maltese of the Labour Battalion) typhoid, Malaria is not much in evidence at present, but we shall are bronchitis, pneumonia, certainly get a rush of it when the warm weather comes.

We have a case of Relapsing Fever (Spirillum found in the blood), which is the first case I have seen of that

Salonika is a most interesting place, full of ancient disease. churches and other old buildings, but I do not go into town very often, as it is very dirty, very smelly, and

very expensive. I must not say anything actually bearing on the war in a letter, except that I may say that the general feeling here is one of decided optimism and a very strong hope of being home before next winter (some Well, the in high places think considerably earlier). Sooner the better. We can keep on for years yet, if We have to, but we would just as soon not!

Please give my very kind wishes and remembrances all my colleagues and co-workers at the C.H.D.,

and my love to all the children,

Yours sincerely, H. FERGIE WOODS. ne is not supposed to put the address at the head of letter, I give it now—20th Stationary Hospital, Sal onika.

"LUX IN TENEBRIS:"

HORMONE CURATIVE THERAPY INTERPRETED IN TERMS OF HOMŒO-THERAPY.

By George Burford, M.B.

Senior Physician for Diseases of Women to the London Homoeopathic Hospital.

THE EVOLUTION OF INTERNAL-SECRETORY CURATIVE PROCEDURE.

Therapeutic values of the Internal Secretions have already been considered in terms of Substitution and Activation therapy. There remains the estimation Of their work regarded as Homœo-therapyHomoeopathic World.

"LUX IN TENEBRIS.

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ductless a delimitation which apparently encompassions glands curative energies of the hormones of the

Molière's pungent wit showed his artistic with he owing it. Did to the second point with knowing it. Did the French Immortal write to having practised in the prose forty years. might satirise the French Immortal write the reach internal-secretory therapeut the four perceiving Homes the secretory therapeut therap having practised the French Immortal write to the four perceiving it. The storage twenty twenty courses the law. out perceiving it. The stars in their cothing vaccine-therapy—more imbued with the recent than hormone-therapeutics has in their pathy does not idea than hormone-therapeutics has in their nothing of the internal second the whole are the whole are the internal second to the whole are the whole are the internal second to the whole are the who pathy does not cover the whole area of than it occases a definite field of internal secretions, any more put it is a definite field of internal secretions. the whole area of than it occases a definite field of medicine in general; whose potency and promise secretory the interpreted the aid of the interpreted the interpreted the aid of the interpreted the interpre

one aid of the y and promise are best in the law of similars in its working detail the some opathic idea. Take two leading and the require the reapy as a constitution of internal secretory sciences in the law of similars in its working detail the law of internal secretory sciences and the sciences and the sciences are best in the law of similars in its working detail the sciences of internal secretory sciences are best in the sciences and the sciences are best in the ineage of hormone curative therapy as active phones of internal secretory science—Biedl on sides with a similar singular on the therapy as active therapy as active phones allude to a primary on the therapeutic hysiologist results of the significance of the significa logical and Harrower on the therapeutic hip education as physiologist response apparent than real. dismissed as prima facie homoeopathic kins pie the erm physiologist research laboratory experiment of dismissed as more apparent than real. Secretions, lets. ruysiologias more apparent than real. as includes secretions, letter advance, and writing half the fall this captions. captious obiter productions of three out a direction of a directio secretions, lets stronger than the parent stem." Harro which is the principle of Similia Similibus of Hahnemann's Sycillation of Hahnemann's Sycil Hahnemann short threw out a stronger than certain directions proorgano-therapy, has a likeness to the private and income these has a likeness to the private and income these has a likeness to the private and income the second to the s These, however, are but vague and incorrect

findings as to the consanguinity of internal-se

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HORMONE THERAPY AND ISOPATHY.

"isopathy" curative operations of hormone-therapy is more than a The ascription of the term confusion of terms: it denotes an intellectual blindness which science will have none of. the use of the excitants or the products of a disease for its cure; instances are found in the inoculation of living typhoid germs for the cure of typhoid, or of syphilitic secretions for the treatment of syphilis. The therapeutic rule which regulates this method has æqualibus'': been formulated as "æqualia whatever may be said as to its occasional validity, the barest glance indicates that hormone therapy is not of the isopathic ilk.

Hormone therapy does not apply the excitants of disease or the products of disease to the cure of disease. It utilises the sound products of the body, requisite for the normal health of the body, for the restoration It does not of the normal dynamic of the body. employ foreign factors like isopathic medicaments: deals with natural measures for the maintenance the health of the organism. Clearly the use of ternal secretions does not come under the jurisdiction of isopathy.

HORMONE-THERAPY AND ORGANO-THERAPY.

Similar slipshod thinking is responsible for the use hormone-therapy. For the latter is but one variety of former, and employed in this sense, organotherapy—the whole—is used as equivalent to hormone-therapy—a part. But if organo-therapy be construed as the treatment of the diseases of the glands of body by corresponding organic extracts, e.g., of splenic disease by splenic extract—then is the implicahormone therapy still wider of the mark. For the essential feature of the secretions of the ductless glands is that their action ranges over the whole body,

And internal motions to the rank of well proved drugs. secretions are among the newest candidates for this

Therapeutics or any other science would or could scientific preferment. make but little progress were perfect equipment in detail necessary for each projected advance. expressed this kind of practical difficulty well when he spoke of probability as being the guide of life. And pending full and exact provings of the hormones on healthy subjects, the working hypothesis immedhomœo-therapy: iately available is that of their and this hypothesis is validated by results.

have well remedies marked generic characters, secondary in value but invariably present in fact, and akin to the axiomata

media of Bacon.

I.—The inverse action of large and small dosage in Hormone-Therapy.

The law of qualitative re-action as determined by quantitative stimulus, was extended the whole domain of physiology by Arndt. previously been demonstrated in conditions of disease is rich by Hormone-therapy Hahnemann. examples.

"Thyroidin is used, and successfully used, to treat frequently Nocturnal enuresis nocturnal enuresis. It is often yields to small doses of thyroid extract.

made worse by large doses. "Urticaria is common in childhood, either in the acute or chronic form. Both conditions sometimes clear up rapidly under thyroid extract. On the other hand, I have several times noticed the occurrence of urticaria in children under thyroid treatment: and theurticaria has rapidly got well on the withdrawal of the medicament."

The calcium content of the blood and tissues is of prime importance for nutrition and growth. thyroid has a special influence on the ossification of the long bones, and presumably in some way enables the body to make use of the available calcium supplies. But must note the opposite fact, that in Graves'

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totality in e.g., thyroid therapy. "cations which render a case of psoriasi treatment are of great interest and in far they are imperfectly understood Malcolm Morris, it is only indicated the skin affection is superadded to s dition or disturbance of health on w medication exerts beneficial influence

The call for the study of the constitute as well as of the local manifestations, a fitting and successful application therapy, could scarcely be more successful homeo-therapy has from its nised this clinical dichotomy as essentiand successful utilisation of its repertor

DIRECT EVIDENCE OF THE PARALLEL HORMONE-THERAPY AND HOMO

Owing to the imperfection of the resoft the essentially homeopathic charand results in curative hormone-the seek. This defect in the materia participated of symptoms and physical edge of the pharmaco-dynamics ecretions is but of yesterday. Ever and the its aid in filling the hiatus.

Provisionally, we may construateria medica after the homœon

The results of human pathology secretions in excess.

The appearance or the vanis clinical symptoms "during results of hormone-selectic similia similibus curentur indications derived from known cactivities.

tion with the clinical symptoms, teem the internal secretions. Sure and pathological findings in



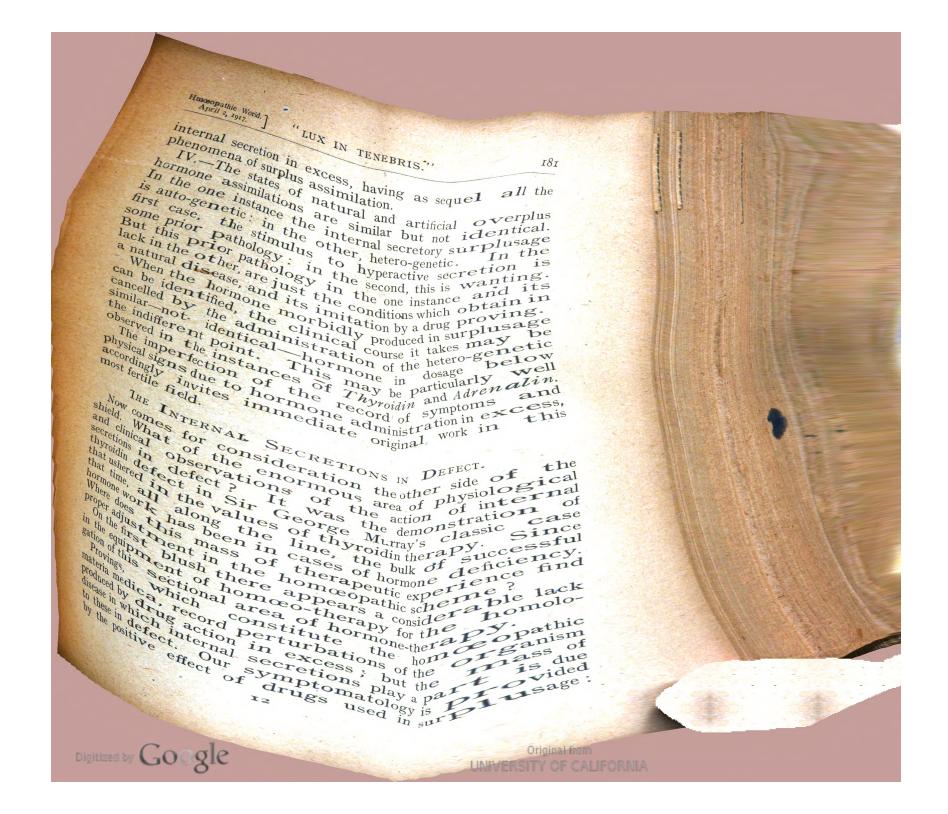
comprehensive category physical signs has been thus schedule for the most part by the operation secretions in excess. The method is no method of Hahnemann, and the regist of a secondary order of value. work only approximates to the met and the scheme of hormone-therapy tl stitutes but a parallelism to that of Actually it is a jumble of facts of auto-& poisoning plus those of the anteceden of which the former is the outward a Then the ultimate issues of hetero-g in surplusage, introduced into the diseases often of an alien type and or in the list. Hetero-genetic hormones dosage heavy enough to produce sp may have as a background a health disease organism: the former brings abo results, and is the Hahnemannian metl

These various observation methods, acts sufficiently coherent to allow emedial selection sometimes so brillia to validate this approximately asis of prescription. But all roads, lead to Rome: what is, in these ethods, the activating centre, conjuncted utility to the type of facts early exist. The Similar Law.

In health, the internal secret constituents of the sound body; an is essential to the preservation of mentagener.

internal secretion, and its consequent tion, the total results are due to the engineering ultimately an overplus here.

This diseased state may by the administration of

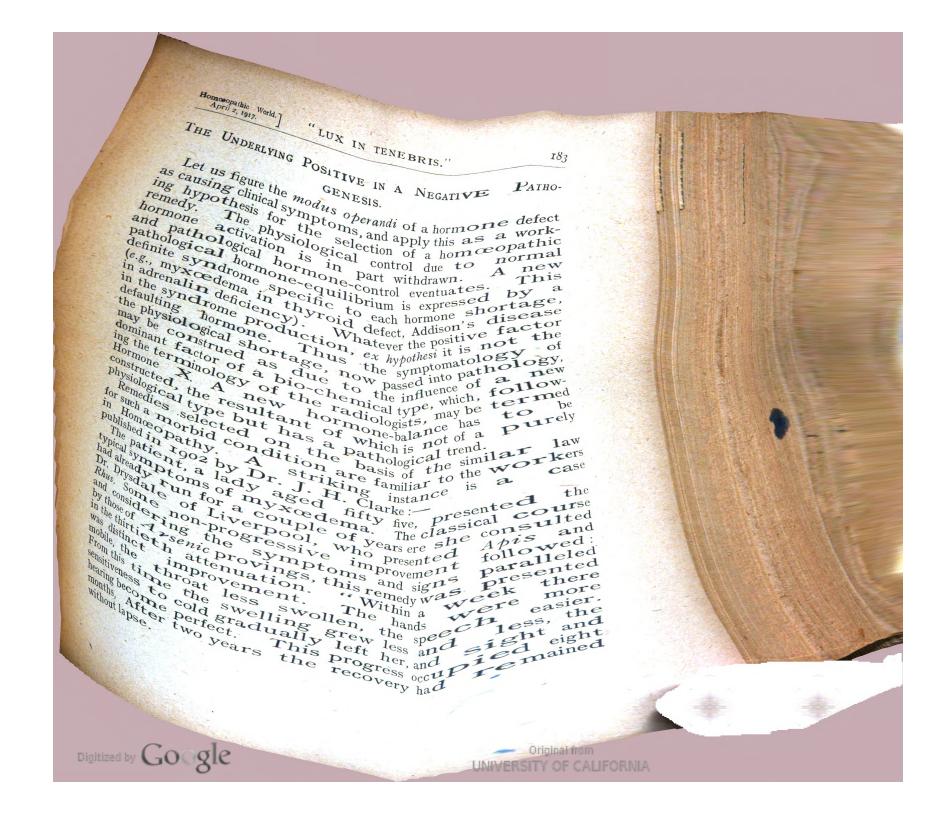


I.—The view of Biedl, supported by others, that one of the functions of each he balance and keep in check a contrary and (dis-assimilatory) hormone: disease there the positive operations of the liberated disinternal secretions.

being upset by the defect of one, a new those remaining is brought about, but no logical balance with normal cell life. Ill-he good example is in the perturbations of pause.

III.—As some of the internal secretory directly opposite action to certain other these falls into defect, its opposite penderance—the disease results being uncontrolled action of the unbalance acres disease may be taken as an here various of the symptoms are precial drenalin: and it is stated that the blue contains a surplusage of from four to eight acres and quantity of Adrenalin.

problems These however, are Homæopathic clinicians are concerr existence of a definite if elusive disea internal secretory defect, be it norma imbalance, or some pathological factor th restraint. Nor is it our métier to rui precise disease-producing agent in inte defect: the therapeutic problem is to amplify the therapeutic process by Secretions, administered as remedies, w diseases known to spring from internal-



1 domosopathic April 2

HORMONE-THERAPY IN HORMONE SIN NETAGE. The area of therapeutic usefulness in shortage greatly widened by the incidental discove that (e.g in myxædema), substitution therapy will in man instances not only conditions following hormone instances not only palliate the diseased condition by cure the case. Hallion's law expresses this discover secretions have that the internal influence" each on the corresponding gland: when the organ is insufficient, the internal secre augments its action: and when injured (i.e., disea it favours its restoration."

Hallion's law represents a verifiable fact: b statement is open to the criticism, that the begin of internal secretory defect should be at once cont and overpowered by the "augmenting" or "res ing" powers of the corresponding internal secret still poured out daily for the service of the body. curative dosage of an internal secretion, for an internal secretory defect, is far below the mass of the sarz hormone at any given time actually circulating in the diseased organism. The hormone of the patient is a PParently ineffective for the internal secretory rectification: the effective hormone has to come from an alien or hetero-genetic source.

THE INHERENT DIFFICULTIES IN THE CONDUCT OF INTERNAL SECRETORY PROVINGS.

The case for investigation of the curative values of hormones in disease would then appear to be simple: them each be proved as are other remedies, note the results, and utilise these on the basis of the similar But the case is too complicated to be thus summarily dismissed. Note first that the body is its hormone-factory: and that whatever internal secretion, be administered for "proving," it will always find far more than its own bulk already at work in the organism. Note also that the hormone administered for proving is not the auto-genetic internal secretion of the patient, but an alien product another source. Hence in provings of the internal secretions administered to produce a parallelParticularly are the difficulties of the experimental production of the later issues of drug-action on the organism, apparent in the case of the internal secretions. Some of the special embargoes have been enumerated hormone administered experimentally already finds logical possession.

THE DEFINED ISSUES IN INTERNAL SECRETORY

Vot 11

Yet the inference that the pharmaco-dynamics of the internal secretions includes a mass of morbid one. Once and again the curtain is lifted, warrant observed for such a reasonable anticipation. of chronic disease are produced, which do not intermix. In one case the issue is myxædema: in termix. In one case the issue is myxædema: in termix. In one case the issue is myxædema: in termix. In one case the issue is myxædema: in termix. In one case the issue is myxædema: in termix. In one case the issue is myxædema: in termix. In one case the issue is myxædema: in termix. In one case the issue is myxædema: in termix. In one case the issue is myxædema: in termix. In one case the issue is myxædema: in termix. In one case the issue is myxædema: in termix. In one case the issue is myxædema: in termix. In one case the issue is myxædema: in termix. In one case the issue is myxædema: in termix. In one case the issue is myxædema: in termix. In one case the issue is myxædema: in termix. In one case the issue is only valid in termix. In one case the issue is only valid in termix. In one case the issue is only valid in termix. In one case the issue is only valid in termix. In one case the issue is only valid in termix. In one case the issue is only valid in termix. In one case the issue is only valid in termix. In one case the issue is only valid in termix. In one case the issue is only valid in termix. In one case the issue is only valid in termix. In one case the issue is only valid in termix. In one case the issue is only valid in termix. In one case the isone case the



concise proof of the Hahnemannian contention that symptoms of chronic disease are parts of a larger whole could scarcely be cited.

CONCLUSION.

In fine, the evidence appears conclusive that the pathological results of hormone shortage are brought about by the action of a morbid cause other than the defective hormone: and the evidence seems probable that the continuous proving of the hormones would evoke corresponding issues. Much spade work remains to be done, alike pharmaco-dynamic and therapeutic, ere evidence that is probable as to the Homœo-therapy of curative Hormone-therapy, can be amplified into proof that is final. Yet the penetration of such a conception into the dark continent of internal-secretory therapeutics brings sufficient illumination at this present to justify its acclamation as "Lux in Tenebris."

NERVE TRANSPLANTATION.—Bethe (Deutsche med. Wchen schr., Berlin, October 26th, 1916) transplants a segment of a corresponding nerve from the cadaver, and commends this method of bridging a gap as it has proved its reliability on dogs the clinic. The great endurance of excised segments of ner permits thorough bacteriological tests for their sterility before the are grafted. Blood from the cadaver in question can also tested for the Wassermann reaction. When the segment excised from the fresh cadaver, he cuts the peripheral slanting, to be sure to recognise it. The nerve segment is placed on ice, while other scraps are taken for bacteriological tests. The nineteen segments he had prepared to date, taken from seven cadavers, all happened to be sterile. He has thus transplanted nerves in four clinical cases. All healed in place, without any temperature reaction. In dogs the implant heals in place in four or five days so that further immobilisation is unnecessary. stitches, only 2 mm. from each end, parallel to the course of the fibres, are much better than larger stitches finest eye needles and No. ooo silk. Even with this care, some of the fibres may get caught in the stitches. For a nerve with a diameter of 2 or 3 mm. he takes six or eight stitches. fourth or fifth day the dressing is taken off and the animal uses the leg freely; none of the sutures ever seemed to have loosened. He advises to use the corresponding nerve from the cadaver for the graft, but thinks it scarcely practicable to fit the ends of the bundles of fibres exactly like to like.—Medical World.



LONDON.

THE Annual General Meeting of the London Homoeopathic Hospital was held on March 15th. We hope to give an account of the meeting next month but meanwhile, we can comment on the Report. On the financial side there is something to be done, as there is so far less than £3,000 available for the estimated need of nearly £17,000. The times are unfavourable for appeals, but we hope that before December 31st, we shall hear of a bigger result. The presence of the Naval Patients has meant an addition to the income but increased prices have raised our expenditure to a like degree a sum of £1,250 has been received from King Edward's Fund and of £964 from the Hospital Saturday and Sunday Funds. In-patients numbered 1,548 and (new) out-patients 10,198, so that there is clearly no lack of work to be done.

PLYMOUTH.

The Annual Meeting of the Devon and Homeopathic Hospital is specially interesting on account of the Naval Patients successfull & treated. In patients numbered 269 new cases with deaths an admirable record. There is a small deficit on the yearly account and there is a debt on the extension expenses remaining of nearly £1,900. excellent, the way in which the extension funds have raised some £5,300 and we hope the friends Of Homeopathy will soon succeed in clearing off the of the debt. The Hospital stands for so much in the West of England that it should have a special claim on Homœopathy.

FOLKESTONE.

The Folkestone Dispensary reports a lessening of the work done during the year, through Dr serious illness, but 158 cases have been under treatment and 54 home visits paid. Only one death is reatment so that the year has after all been one of satisfactory results. The treasurer reports a balance of a bout fib.



SOCIETY MEETING.

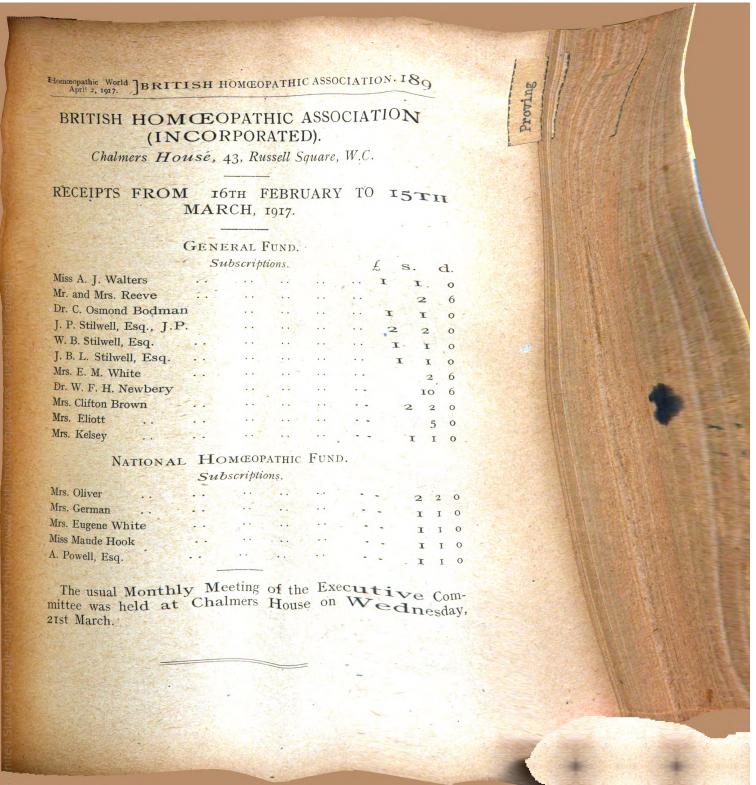
BRITISH HOM COPATHIC SOCIETY.

THE Sixth Meeting of the Session was held on March 1st at the London Homœopathic Hospital, Dr. C. E. Wheeler being in the chair. After the minutes had been read, and confirmed, a letter (printed in this issue) from Dr. Fergie Woods was read and the President announced the Serbian honour conferred on Major Rowse.

Mr. P. Purdom then opened a discussion on asthma, contributing cases of great value of his own and reading interesting and important communications from Dr. March, Dr. Cash, and Dr. Newell who could not attend.

Following Dr. Purdom, Dr. Day, Dr. Stonham, Dr. Weir, Dr. Roche, Dr. Tyler, Dr. Goldsbrough, Dr. Cronin and Dr. Wheeler spoke. The subject was illuminated from various points and all present felt that real additions had been made to our practical knowledge of this disease.

PAINFUL MYOSITIS AND NEURITIS AFTER CONTUSION. The contusion occurred during the explosion of a bomb and the ri leg swelled for two weeks, but there were no erosions. muscles of the leg atrophied and two large bunches could palpated, but the main symptom was the atrocious, spontaneous pain without any definite location. After six months of martyrdom, unmodified by the numerous measures applied, Le Fort (Bull. Acad. de Méd., Paris, May 16, 1916, No 20, pp. 583-606) decided to act on the sympathetic nerve. Inste ad of obtaining access to it by way of the abdomen or the sciation or femoral routes, he attacked it in the popliteal region, stripping the populiteal artery over a stretch six cm. long. The artery was found abnormally contracted, without perceptible pulsation. Improvement set in within four or five days, and has progressed The trouble in such cases involves vessel and constantly since. nerve, it may be possibly from infiltration with blood of the sheath of the vessel. Denudation of the artery for a certain stretch combats this. It proved effectual also in a case of an extreme cedematous condition of the hand following a wound of one finger.—Medical World.





Proving

EXTRACTS.

THE MOUNTAIN LAUREL OF CALIFORNIA.* By J. Murray Moore, M.D.

Among the indigenous plants of the Golden State, which possess properties undeniably powerful for good or ill (of which the poison oak is an example), is the handsome evergreen bush called the California bay tree, or mountain laurel, the Oreodaphue Californica. It has been suggested to me that the observations I have made on this plant would be acceptable to English homœopaths, because there is more than a probability that, when proved thoroughly it will become a valuable addition to our headache remedies.

The oreodaphue (nat. ord. Lauraceæ) resemblesthe common laurel of our gardens, so nearly as not toneed a technical botanical description in this brief The leaves are somewhat shorter, and much. less glossy green than those of the Portuguese ba laurel, of which it is a near ally. The bush attains the height of twelve to fifteen feet, and grows on the best soil on the hills and mountain slopes. No perfurie can be detected from the shrub as it stands, but the crushed leaves emit a peculiar aromatic odour, strong as to affect most persons, even not hig saly nervous, with a kind of headache, to be herea ter This characteristic I resolved further described. to investigate. Accordingly while making the ascent of Mount Diablo, I gathered some good specimen leaves, and afterwards macerated about 4 oz. of them cut up fine, in dilute alcohol. After careful straining, a dark green tincture, having the powerful and peculiar odour of the crushed fresh kaves.

One morning I took five drops of this tincture, and experienced no symptoms except a confusion in the head. After six hours ten drops more were taken, and dizziness, worse on stooping or on moving about, came on, followed by a dull pressive fronto-occipital headache. This headache passed off during the night's

* From the Pacific Coast Journal of Homeopathy.



On almost all occasions the following sensations which I regard as characteristic of oreodaphue, were produced, immediately after a few "sniffs"—indeed. in two sensitives one sniff was sufficient. An intense aching, pressure at the inner angle of the orbit, right or left, generally the latter, but never in both simultaneously, extending through the brain, and across the scalp to the base of the occiput. This headache lasted for half-an-hour to seven hours, was aggravated by light, noise and moving, and relieved by closing the eyes and by perfect quiet. In this relation it is not inappropriate to mention the fact that the bay-rum, so well known in the States as a stimulating hair wash, is curative of nervous headache, and on the Pacific Coast it is made to a large extent from the leaves of this very plant, the oreodaphue.

I have not been able to differentiate the headache that bay-rum cures. In one case of severe neuralgic headache, extending over the region indicated above, this tincture relieved when other well-indicated remedies

remedies had failed.

PATHOLOGICAL ANATOMY OF UNDULANT FEVER.*

The symptomatology of this affection is extremely varied, and our knowledge of the pathological anatomy correspondingly scanty. The low mortality (in medium cases) is doubtless responsible for lack of interest in this subject. Each case should therefore be subjected to close scrutiny during life, and every fatality should lead to a careful autopsy lin La Riforma Medica, of June 26, Lunghetti reports a fatal case, in part as follows: The patient, a man of

* Extract from The Medical World.

forty-four, had been ill for about a month, the chief symptoms having been fever and abdominal pain. Interned in the University Hospital, Vienna, he began to show prostration with attacks of vomiting and later became stuporous. erythema, $\mathbf{A}\mathbf{n}$ hæmorrhagic, appeared on the face. Examination of the thorax and abdomen gave negative results. The heart's action was feeble, pulse small and frequent. Widal test was negative. Lumbar puncture showed slightly increased tension. The patient's condition became progressively aggravated, and the pulse rate was increased to 180. The mental state likewise became worse. At no time was there any elevation of temperature. The precise method of death is not stated. Autopsy begun thirty hours after death showed a very emaciated cadaver in incipient putrefaction. There was slight congestion of both brain and meninges. The abdominal contents appeared to be normal. There was slight dilatation of the heart, especially of the right side. There was some indur tion of the myocardium. The lungs were the seat of pronounced ædema. The spleen weighed 200 graves and had a reddish brown pulp. The liver weigned 1,550 grams and presented incipient fatty degenesation. All the other viscera were without alterats n. The gastro-intestinal canal with exception of the con. showed a slight catarrh and the mesenteric lym -phnodes were tumefied. Peyer's patches were swollen, pale, and softened.

In order to exclude the possibility of a typhoid or paratyhoid infection, a careful bacteriological study of the intestinal contents was made, but only the normal bacterial flora was present therein. Micrococcus melitensis was, however, after some The culty, cultivated from the splenic pulp. diffi_ were agglutinated in the blood serum, I to 200, but The cultures not by control fluids of various kinds. Microscopic studies of tissues involved could hardly be termed sufficient for an autopsy diagnosis. Much time was devoted to Peyer's patches, the mesenteric lymphnodes, the remains of the thymus, and the spleen. Other organs investigated were the liver and kidneys.



The finds in the spleen and viscera in general, while inconclusive enough, may be brought definite relationship with those of other recent investigations and with the view that Malta fever is a form of septicæmia. Not so many years ago Manson stated that the pathological anatomy of the could be summed up by "tumefaction of the spleen." disease Occasional local phenomena, as well as the dominant symptoms, resemble those seen in Various well-known severe infections. This is borne Various the cerebral symptoms, the hæmorrhagic rash, the intestinal symptoms, and severe and terminal intrathoracic symptoms, and involvement of abd intra-viscera, all present in the author's case. severe lesions of general infection, as endocar ditis and nephritis, were notably absent in this case, although occasionally found by others. Malta fever ally masquerades as a pneumonia or other Occasionlocal affection. Taking the clinical with the severe finds the author would place this fever nearest to



VARIETIES.

ALIMENTARY DROPSY.—Knack (" Zentrabl. f. inn. Med., Leipzig, October 28th, 1916, No. 43, pp. 753-768) describes what he calls Hungerdrome as it has been observed in various devastated regions and prison camps during the war. It resembles the edema with kidney disease but comes on with dysenteriform symptoms. The extreme cedema in certains parts of the body and the motor feebleness are the main features. Analysis of the various epidemics demonstrates apparently some connection with the food, not so much quantitative as qualitative. The persons that suffer from this hunger cedema are not so much the ordinary poorer classes as those reduced to penury by the war or other The bad quality of the food, spoiled potatoes, etc., induce a primary severe upset in the digestive organs, and this entails the cachexia, cedema and other features of the syndrome in question. It has never been produced experimentally under starvation alone.—Medical World.

SPASTIC SPINAL PARALYSIS OF ALIMENTARY ORIGIN.—TWO brothers, twenty-seven and nineteen years old previousl healthy and of a healthy family, boarded for three months together at a place where dishes made with the chick-pea formed a large proportion of the food. By the end of the third month, both brothers noted that it was increasingly hard for them move their legs and in a few days they could not walk or stand without aid, while there were spasmodic contractions at times. The older brother was able to get about with a cane, but the younger was entirely helpless. The syndrome is that typical of spastic spinal paraplegia in both, and it has persisted unmodified during the eight months to date, without any other symptoms, all the disturbances being limited to the lower limbs. The probable explanation for the trouble is poisoning from the flour made from the seeds of the chick-pea, the vetch of the lath ___yrus species, which is known to be capable of inducing bromatol gical intoxication or lathyrism. It is not so rare in Spain. Sanz (Siglo Medico, Madrid, November 18th, 1916, No. 3284, Pp. 737-752) remarks, as the paucity of the literature on the subject would indicate. The two brothers in question were farm han si free from venereal disease and abuse of alcohol. He relates that the plant in question is the Lathyrus cicera or clymenum, w hich is called guija or almorta in Spanish, Pallerbse in German, gesse in French, cicerchia in Italian, and chick or chick-pea in English. The poisoning is probably not so much from the seeds themselves as from some special modification of them from still unknown Rost has published a statement to the effect that poisoning from this source is more common in rainy than in dry No attempts to reproduce lathyrism experimentally, in animals have proved successful to date, and no necropsy reports f clinical cases have been published, to Sanz's knowledge. Medical World.

TREATMENT OF BACILLI CARRIERS.—Herz (Wien. klin, Wchenschr., Vienna, October 11th, 1916, No. 41, pp. 1289-1320) states that the central hospital for epidemic diseases in his charge has had a constant average of 700 typhoid or para-typhoid cases and thus has provided ample opportunity for study of various epidemiological questions, especially those connected with carriers. The stools and urine were examined for bacilli day by day or on alternate days, in order to detect any possible connection between the elimination of the bacilli and clinical manifestations. By this means it was ascertained that any intercurrent febrile affection seemed to check the elimination of the germs. suggested that an artificially induced rise in temperature might have the same effect. To induce this, the corresponding vaccines were given a trial, but did not prove effectual. Then parenteral injection of a protein was tried, and this seemed to answer the desired purpose. Herz selected milk as the best available protein, as R. Schmidt has reported that this induces a peutic fever in hæmophilia, pernicious anæmia, leucæmia, etc.; Muller has thus treated also inflammatory processes, phimosis and epididymitis, while Saxl has been applying it muscle to cc. milk, boiled in the water bath. About eight or ten hours thereafter the tempearture rose, sometimes with a chill; it kept high for two or three hours and then dropped back to the previous figure. No. by-effects were noted except slight headache in some cases. The rise in temperature was moderate, and variable in different patients, and at different times in No such temperature response was obtained as is the rule in blood disease. In the bacilli carriers, besides the fever it was noted that the bacilli were driven out into the blood and some were eliminated in the urine. The blood picture was also modified, and there is reason to assume that any local manatory process was also whipped up. These biological phenomena are accompanied by mobilisation of antibodies, and these various are accompanied by mobilisation of antipodies, and these various factors seem to combine to eradicate the lurking bacilli in the body and put an end to the "carriership." Of course time alone will show whether the parenteral protein treatment gives durable results. To date, the stool and urine findings have been constantly perative in four chronic cases given four or five in sections. stantly negative in four chronic cases given four or five injections. In the recent cases one injection sufficed. They emphasise the In the recent cases one injection same injection same injection same in the recent cases one injection same injection sa men would have to be kept for weeks or months in the hospital men would have to be kept 101 weeks or months after complete clinical recovery, encumbering the hospital and after complete clinical recovery. On the other Pitals and after complete clinical recovery, encumbering the army of their services. On the other pitals and depriving the army of their services. On the other hand, the reaction to the parenteral protein is comparatively in significant, the disturbances being less, as a rule, than even those typhoid vaccination.—Medical World, from anti-

ETHER-OIL MIXTURE FOR GENERAL ANÆSTHESIA (Russky Vrach, Petrograd, 1916, No. 12, pp. 265-285)

Classical distribution of the purulent appendicitis, for resection of the period cases or for purulent appendicitis, hernia and cell the period cases. The



patients usually were in a grave condition, with a weak pulse and nearly unconscious from loss of blood. Two hours before the operation an ordinary enema is given, after which the body weight was determined, and o.o. gm. (one-sixth grain) Morphine given. Then he injected into the rectum a mixture of equal parts of ether and olive oil, in the proportion of one gm. of each to each A patient weighing 160 pounds received pound of body weight. thus 160 gm. of ether and as much of oil. About four minutes after the enema the smell of ether became perceptible in the patient's breath. This was followed six minutes later by slight excitement, but without nausea or vomiting, and by anæsthesia of the lower limbs. The respiration became deeper and more regular, and the pulse stronger. Complete sleep usually set in about thirty or thirty-five minutes after the rectal injection. After the operation what was left of the ether-oil in the rectum was removed by means of an ordinary enema with plain water. No post-anæsthetic complications were ever noticed, such as headache, weakness, etc. The author found this method of general anæsthesia simple, safe and of great value in the military environment when there was not sufficient help to be obtained.

Revidtsova and Dombrovskaia (same journal) used the etheroil anæsthesia in forty cases, in four of which the desired anæs—thesia could not be obtained, and inhalation of ether (20 or 25 c.c.) had to be resorted to. They used 90 or 100 gm. of ether, mix ed with the double amount of oil. They point out the advantages of this method as mentioned in the previous abstract, but the also call attention to the fact that the dose cannot be individualised as in the inhalation method. With the latter, the anæsthesia can be stopped at any moment, which is not the case with the rectal method, though they did not meet with any unfavour a their forth.

complications in their forty cases.

Garnak (same journal) uses a bottle supplied with two tubes. The shorter tube is connected with a rubber tube w in its turn is connected with a thin catheter. The anæsth starts with the turning of the bottle, from which the ether exthe rectum. Lowering of the body causes the ether to Leave the rectum. Thus it escapes from the rectum in case the narcosis With this technique it is also possible seems to be too deep. to avoid excessive distention of the intestines with the fumes, as they freely escape through the glass tube into the lottle. The latter is kept at the proper height to regulate the inflow and outflow in turn. Garnak used this method mostly for operations on the face and had no complications. The only disagreeable feature was the prolonged sleep; the patients slept for four hours. He also made two experiments on dogs with plain ether and with With ether alone the mucous membranes found extremely hyperæmic, with a were hæmorrhages. With the ether-oil mixture the hyperæmia was

INTENTIONAL HYPERTONIA.—By international hypertonia Schwab (Journ. of Nervous and Mental Diseases, Lancaster, Pa., December, 1916, No. 6) means this: muscle groups which in a state of flaccidity or semi-flaccidity, show to pale a state of flaccidity or semi-flaccidity, show the state of flaccidity or semi-flaccidity. to palpation no spasm of contracture whatever, when they become the subject of intended movement associated with emotion or desire show incontestable evidence of hypertonia, just as hypertonic muscles are seen as the result of resistance movements. There is, therefore, overaction, adductor attitudes, flexor overaction at the elbows, and all the phenomena which accompany innervation, both as the gait, attitude, facial expression, etc. This condition of intentional hypertonia is unaccompanied by any evidence, so far as the reflex or the existence of plantar extension is concerned, of involvement of the pyramidal tract except in one case. When the patient is at rest or when volition, intention, or emotion are not in force the patient's arms and legs are flaccid, hypotonic and relaxed. Schwab has seen five such cases; four patients showed some degree of mental deficiency

ACETONE IN URINE OF ACUTELY INSANE.—In material Mills and Wearne (Psychiatric Bull., Utica, necropsy October, 1916, No. 4) noted the regular appearance of and albumen prior to death, and at post-mortem they found various kidney changes, which, at least, in some cases, seemed the most important pathological finding. It, therefore, seemed that a kidney irritant or toxin was at work. The authors then found that the urine in these acute cases often contained acetone; that the acetone would appear before the casts and albumen. Treating these cases from a nephritis point of view was entirely Treating these cases from a nepnrius point of vicinities entirely unsuccessful, but from a gastro-intestinal auto-intervicing standpoint they had very fair success. The appearance of disorder probably dependence of standpoint they had very acetone indicates a metabolic disorder, probably dependent on a gastro-intestinal condition, and also an inherent personal fault. Its appearance shows that the toxemia is reaching a stage when ill-effects on the kidneys may be expected. These will be shown that the days, by the appearance shown in a few days, by the appearance shown simultaneously, or, in a few days, by the appearance of casts simultaneously, or, in a rew days, by the appoint of casts and albumen, and there is apparently some danger of the kidney change becoming chronic. Patients treated along expectant change becoming chronic. Patients treated along change becoming chronic died. Treatment to improve renal symptomatic lines died. Treatment to improve renal change becoming chronic died. and symptomatic lines died, fractions, including diureties, stimulants, baths, packs cathartics, cathartics, rectal irrigations, hypodermaclysis, etc., failed. Alkaline treatment, such as the administration of large amounts of soda, also ment, such as the administration of large and sold, also gave very little benefit. The treatment eventually resolved itself into free catharsis; free washings of the lower bowel by chemas or, and the sold into free catharsis; free washings of the lower bowel by chemas or, and the sold into free catharsis; free washings of the lower bowel by chemas or, and the sold into free catharsis; free washings of the lower bowel by chemas or, and the sold into free catharsis; free washings of the lower bowel by chemas or, and the sold into free catharsis; free washings of the lower bowel by chemas or, and the sold into free catharsis; free washings of the lower bowel by chemas or, and the sold into free catharsis; free washings of the lower bowel by chemas or, and the sold into free catharsis; free washings of the lower bowel by chemas or, and the sold into free catharsis; free washings of the lower bowel by chemas or, and the sold into free catharsis; free washings of the lower bowel by chemas or, and the sold into free catharsis; free washings of the lower bowel by chemas or, and the sold into free catharsis; free washings of the lower bowel by chemas or, and the sold into free catharsis; free washings of the lower bowel by chemas or, and the sold into free catharsis is the sold into free catharsis. into free catharsis; free washing fluids as much enemas or, preferably, saline irrigations, forcing fluids as much possible; preferably, saline irrigations, and so muids as possible; forced feeding with skim milk and cereals; usual oatmeal gruel, and forced feeding with skim must and category, usual gruel, and addition of either cane sugar or lactose; use of intestinal gruel, and addition of either cane sugar or lactose; use of intestinal antiseptics addition of either cane sugar or motose; use or many preferably either thymol or betanaphthol stimulation where necessary, sponging for temperature and other routine where as in any serious illness.—Medical World.



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Medical practitioners seeking, or wishing to dispose of a practice, or requiring partners, assistants, or locum tenevetes. should communicate with the Secretary of the British Homoeopathic Association (Incor.), 43, Russell Square, W.C., where a Register is kept whereby the Association is oftentimes enabled to assistance to such needs.

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LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

CORRESPONDENTS.

J. Campbell, Esq., Argyll.—Dr G. Clifton, Leicester.—Dr. Burford, London.-Dr. Simpson, Ormskirk. -Dr. Barlee, Tunbridge Wells.-Dr. R. Day, London.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.-Med. Times.-Med. Advance.—The Chironian.—La Hom copatia.—Ind. Hom. Rev.—Hom-Envoy.—Med. Century.—Rev. Hom. Française. — H. Recorder. -L'Omiopatia in Italia.-N.A.J. of H.-New Eng. Med. Gaz.-L'Art

Médical.—Annals de Med. Hom Hahnemannian Mon. - Pacific Coast Journal of H.-Journal B.H.S.-Calcutta Jour. of Med. Le Propagateur de L'Homœopatie.—Fran Homöopatiens Värld.-Journal of the American Institute of Homocopathy. Indian Homœopathic Reporter. La Critica.—The Homoeopathician —Iowa Homœo. Journal .-Homocopathisch Tijdschrift.

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Early Pulmonary Tuberculesis: The Signs and Symptoms. By Robert Abraham, M.D., New York.

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HOMEOPATHIC WORLD

MAY 1, 1917.

DR. BURFORD ON INTERNAL SECRETIONS

We have no doubt that our readers have followed with deep interest the series of articles in which Dr. George Burford has discussed and illuminated the very complex but most enthralling subject of Internal Secretions and their relation to homocopathic therapeutics. We have pleasure in printing in this number a kind of index to the series of articles which will serve to remind readers of the principal points. Naturally, homeopathists are chiefly interested in the last article, although its value to the student is largely dependent on a good understanding of the earlier ones. Dr. Burford gives stimulating reasons for considering seriously the possibility that the use of these Products as activators is itself homeopathic. If this be true, the explanation must surely lie in the fact that the internal secretion as prepared for therapeutic use is not identical with that manufactured by the Patient, but is, in fact, a "similar." Further, if these substances can be used as "homceopathic" remedies, they should be active in potency, and if evidence should accumulate of the value of potencies of them, that would add to the likelihood that they are (sometimes at any rate) "homoeopathic medicaments." The use of potencies of thyroid for, say, vasomotor climacteric symptoms is hardly a case in point.



prescribing on the basis of symptoms which although clinical symptoms, nevertheless bear a relation to a proving.

Another fascinating subject of study and one to which we have more than once called attention, is the relationship of our medicinal remedies to the body mechanism of Internal Secretions. Do the chronic predominantly through this disease remedies \mathbf{act} If so, can we, by comparing provings with channel? symptoms indicative of disturbances in Internal Secretions, acquire any conception of the details of the Could this be done, we might even relationship? find that we have won the short cut, long sought for but never yet found, to the use of the great chronic For many years, perhaps for ever, disease remedies. we must follow the Hahnemannian path, but any knowledge that we can gain will be a welcome addition to our equipment, even if it does not prove of great value in lessening our own labours.

BIOLOGICAL DIAGNOSIS OF PREGNANCY.—In this preliminary communication Deluca (Semana Medica, Buenos Aires, September 28th and Deluca (Semana Medica, Buenos Aires, September 28th and Deluca (Semana Medica) calls attention to what he ber 28th, 1916, No. 39, pp. 305-330) calls attention to what he calls the urine-hæmolytic reaction as a sign of pregnancy. Tests with sheep red and phit hæmolytic amboceptor and with sheep red corpuscles, rabbit hæmolytic amboceptor and guinea-pig completes, rabbit hæmolytic amboceptor and that addition of urine from a guinea-pig complement showed that addition of urine from a pregnant women showed that addition of urine from a pregnant women showed that addition of urine from a pregnant women showed that addition of urine from a pregnant women showed that addition of urine from a pregnant women showed that addition of urine from a pregnant women showed that addition of urine from a pregnant women showed that addition of urine from a pregnant women showed that addition of urine from a pregnant women showed that addition of urine from a pregnant women showed that addition of urine from a pregnant women showed that addition of urine from a pregnant women showed that addition of urine from a pregnant women showed that addition of urine from a pregnant women showed that addition of urine from a pregnant women showed that addition of urine from the pregnant women showed that addition of urine from the pregnant women showed that addition of urine from the pregnant women showed the pregn pregnant woman hastened hæmolysis by five or ten minutes.

Urine from men hastened hæmolysis by five or ten minutes. Urine from men and from non-pregnant women had the opposite effect, retarding hæmolysis. The pregnant urine takes the red effect, retarding hæmolysis. corpuscles even without the presence of complement is several hours for this. The presence of complement is indispensable. The findings were constant in the thirty pregnant women examined were constant in the ninth month of the women examined, in the second to the ninth month of the pregnancy. In the second to the ninth month of the pregnancy. pregnancy. In the second the hæmolytic reaction was pronounced although woman and passed since, an abortion at two nounced although six weeks had passed since, an abortion at two months.—Median, six weeks had passed since, an abortion at two months.—Medical World.

NEWS AND NOTES.

THE DEATH OF COLONEL CLIFTON BROWN.

HOMEOPATHY has lost one of its staunchest sunporters in England with the death of Colonel Cliftod Throughout his long and distinguished career he never wavered in his faith in it and in his generous gift to it of his energy, his time, and his money. The London Homeopathic Hospital has his name written long one of written large on its records and he was one of the original founders of the British Homocopathic Association. But while these were the more striking of his homoeopathic activities, there was nothing exclusively local about his support, and wherever our cause was languishing it could look for help with confidence to this whole-hearted and generous friend. He will be sadly missed; we can but rejoice that he has been spared to us so long.

AN APPEAL FROM FOLKESTONE.

Supplementary to our report from Folkestone last month, we have the honour to publish an appeal from the Dispensary there. Their subscription list has fallen from £60 to £27, and it is much to be hoped that extra help will be forthcoming for this deficiency. A pleasant feature of the last year's record is that a small presentation was made to Dr. Murray for his long and valued services to the Institution.

LEAD POISONING FROM BULLETS REMAINING IN THE TISSUE.

LOEPER AND VERPY (Prog. Med., Paris, June 5th, 1916, No. 11, pp. 82-92) noticed that a number of men who had apparently quite recovered from gunshot or shell injuries presented anæmic albuminuria or intestinal or nervous disturbances for which no explanation could be found unless the bullet or fragment of shrapnel still left in the tissues could be incriminated. A positive reaction for lead was obtained in the urine from six of the sixteen men tested. The fragment was a

scrap of lead in these cases. Intact bullets did not seem to induce lead poisoning, being jacketed with Some of the men with a 20 gm. another metal. shrapnell ball in their tissues eliminated daily for months 15 mg. lead in the urine. The absorption of lead from the projectile varies with the chemical reactions of the tissues in which it is embedded, and with the activity of the circulation in the region. Absorption proceeded most actively in suppurating foci, and the lung tissue seemed to be most favourable for it. Lead was found in the urine as early as twentyfive days after the injury, and it kept up in two cases for three weeks after the projectile had been extracted. Among the thirty-eight wounded men examined. albuminuria was found in four, high arterial pressure in two and severe anæmia in two; neurasthenia was pronounced in two, with abolished tendon reflexes in the legs in one of these. In another case there was a rebellious painful spastic constipation. The subsidence of these symptoms after removal of the projectile testifies to lead poisoning as a causal factor. Examination of the urine for lead will warn the projectile is beginning to give trouble. For this they collect the urine for two or three days, decompose the organic matter with hydrochloric acid and potassium chlorate (Fresenius and Babo technique), and after treating with sulphuretted hydrogen obtain the typical reactions with the sulphate of lead in the residue.

TOXIC EFFECT OF EMETIN HYDROCHLORIDE.

Murphy (Military Surgeon, Washington, D.C., January, 1917, No. 1) as the principal remedy in the treatauthors have found its use, results and dangers somement died under treatment from peculiar and unusual which they suffered; five other cases showed physical Emetin. In the two fatal cases there was (1) inability



CURE OF ALIMENTARY URTICARIA.

THE robust man of 20 displayed a slight tendency tocorpulence, but had been healthy until March, 1915, when he developed suddenly a syndrome resembling Quincke's cedema, the attacks of cedema coming on suddenly, lasting several hours and then completely subsiding. The ædema was at times so extreme that the eyes were entirely closed. It was accompanied

by intense pruritus. Not a day passed without some manifestation. Twice the œdema affected the pharynx. The disturbances were traced to the food, to albumin from any source, animal or vegetable, but most pro-The case was studied extennounced after the former. sively by Pagnier and Radot (Presse Med., Paris, November 23rd, 1916, No. 65, pp. 529-536) from several points of view, and the findings are tabulated. The various methods of treating urticaria, Calcium chloride, A drenalin, autochemotherapy, etc., were given thorough trials without benefit. Finally an attempt was made to combat the anaphylaxis responsible for the condition by inducing an antianaphylaxis according to Besredka's principle of warding off anaphylaxis in serotherapy by giving one or more small doses of the serum an hour before the main infection. The patient was given, an hour before the meal, a small amount of the albumin of which he was to make his meal. The result surpassed all expectations, the man being thus relieved at one stroke of the disturbances culminating in the urticaria, pruritus, etc. The details are tabulated in full of this method of fighting fire with fire. example, if the meal is to consist of bouillon, boiled beef, macaroni, bread, wine and sweets, the man ate an hour beforehand five gm. of boiled beef, five gm. of Potatoes, and two gm. bread. Not a trace of skin trouble follows. Practically the same meal, taken hour after a preliminary ingestion of six gm. of Potato alone, is followed by severe manifestations of urticaria.

Further study of the case showed that it was possible ward off the anaphylaxis with preliminary ingestion of derivatives of albuminoid substances, such as ordinary Peptone. This answered the purpose of the desired antianaphylaxis, which rendered the task much more convenient for the patient. It was found that the beeaten an hour later, or taking Peptone instead, the blood no longer showed the typical anaphylaxis the leucocytosis of digestion as under physiological conditions, instead of the reverse drop in the leucocytes

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during the anaphylactic crisis. The latter occurs in two phases: first, the drop in arterial pressure, the inversion of the leucocyte formula, the change in coagulability, and the pruritus; secondly, the skin changes, which come on, and persist for many hours. testifying to the intensity of the shock to the organism. In conclusion, it is suggested that possibly this case may have a lesson for the treatment of thay fever and The Patient asthma by preventive antianaphylaxis. in the case reported still has his urticaria, etc., when he omits to take the preliminary dose of exactly 0.5 gm. Peptone or small amount of food to form the meal, and the interval has to be exactly one hour. At the same time it is evident now that the urticaria is growing less severe than it used to be.

THE SO-CALLED "PRIVET-COUGH." (SHANGHAI HAY FEVER.)

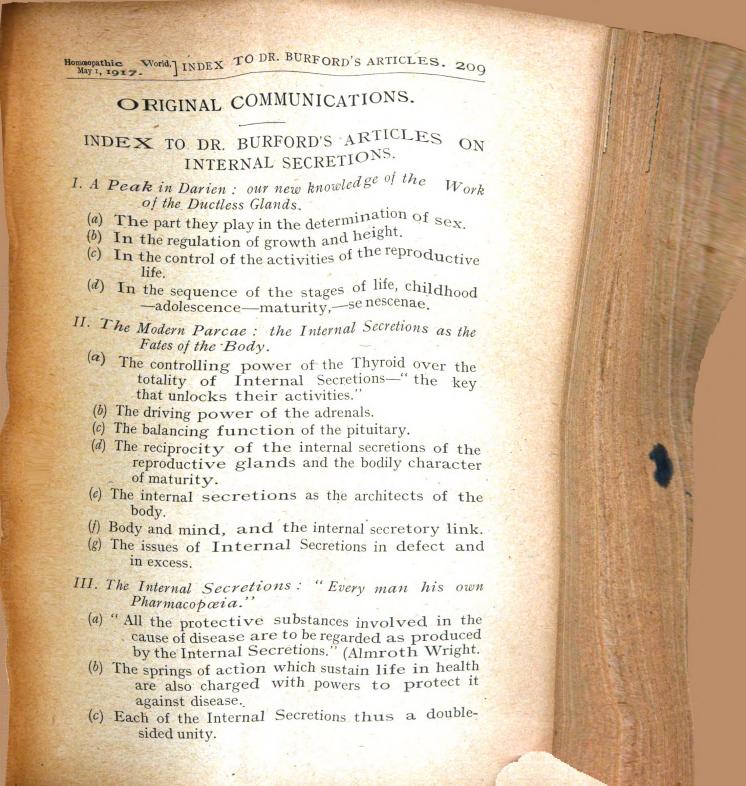
FISCHER (Deutsche Arch. f. klin. Med., H. 3, Bd. 118) describes this disease. Every year, generally from the end of May to the end of June, a great number of Europeans in Shanghai become affected with a disease which has clinically been described as hay-asthma. It commences without any prodromal symptoms, at first with an irritation in the throat exciting to cough, but without expectoration. Sneezing, coryza and irritation of the conjunctivæ are absent. Occasionally there is a slight pharyngitis. The most symptom is a peculiar taste in the mouth, present from the very commencement and described by some as resembling that of blood or ink or some mineral water. The paroxysms of cough are very distressing, especially during the night and on waking up in the morning; they closely resemble those of ordinary asthma, with severe expiratory dyspnœa. During these attacks some sputum is brought up, generally of tenacious mucoid consistency, but occasionally watery-mucoid, and containing small opaque, greyish-yellow, thin and soft flakes. The chief characteristic of the sputum number of however, is the presence of a large eosinophilic leucocytes. In addition, Charcot-Leyden crystals are found, but never Curschmann's spirals.

Traces of pollen or other foreign bodies that might be regarded as responsible for the irritation of the respiratory passages were never found. In the blood is found a pronounced eosinophilia, which disappears two to three weeks after the recovery from clinical symptoms. The affection reaches its culminating point after four to eight days, loud sibilant râles are then heard over both lungs; after two to three weeks the asthmatic attacks cease entirely, but the irritation causing cough may remain for another week. The disease is evidently related to ordinary hay-fever, and is probably produced by some plant of the Liguster family.

BICHLORIDE OF MERCURY POISONING.

THOTINGTON'S (Southern Medical Journal, Decem-1916, No. 12) patient swallowed one $7\frac{1}{2}$ grain Mercuric chloride tablet. The stomach was immediately washed out with about three gallons of water through a stomach tube. The first returning water showed blood. Several eggs were given and were retained. Shock necessitated stimulants. interesting feature of the treatment consisted in the large amount of water drunk, much of which was retained, and passed through the kidneys. twenty minutes he was given a tumblerful until the amount drunk in twenty-four hours was about three gallons. Each day the amount of water was lessened, gastric and cardiac complications arose. ever, for several days the patient took from two to three times as much water as he usually consumed in day. The urine, in spite of the unusual amount Passed, showed considerable albumin. There was Pastere salivation, and the heart was quite irregular both as to rhythm and tone.

Berberis vulg. Fixed, tense, unyielding pain in the region of the right kidney and a little below; pain comes in waves with sensation of nerve-stretching.—G. N. Brigham, Hom. Phys., December, 1882.





- (d) The reaction of the Internal Secretions (I) acute, (2) to chronic, disease. Disease r. (I) exhaust, (2) over-stimulate and the exhaust, the Internal Secretions.
- IV.—The Three Drifts in the Internal Evolution Secretory Therapy.
 - 1. Substitution Therapy. (continuous supposessary: no cure.)
 - 2. Activation Therapy. (a) Cure effected, internsecretory valency restored.
 - (b) Hallion's Law.
 - (c) This leaves Internal Secretory Therapy a formles mass of empirical facts.
- V. Internal Secretory Therapy as Homeo-Therapy.
 - (a) Is not Isopathy, not the prescription of a disease product.
 - (b) Is not organo-therapy, does not create anti-
 - (c) The parallelism of Activation-Therapy and Homeo-Therapy.
 - (d) Arndt's Law in Activation-Therapy.
 - (e) For Activation-Therapy to be successful, must be applied on the basis of totality of the symptoms.
 - (f) The sources of a Hormone Materia Medica, "more Homeopathico."
 - (g) The utilisation of Hormone-defect symptomatology—a negative presentment—by the factor.

 The utilisation of Hormone-defect symptomatology—a negative presentment—by the factor.
 - (h) Why Internal Secretions cannot have an un-
 - (i) More experimental work wanted to fill up the Homeopathic lacunæ.



This is one of the most valuable of the newer remedies

of the homeopathic materia medica.

symptoms specially characteristic remedy which anchor it to our affections are, first: Cramping of muscles, that is prolonged spasmodic contraction of muscles; second, pain, which is paroxysmal in character and appears to have a centre of intensity from which it radiates and, third, the exceedingly characteristic indication of following a warm application.

Many other indications for its use appear in the Materia Medica, but to my mind the three we have mentioned are the most reliable and when they are combined, the use of Magnesia phosphorica is

immediately followed by relief.

Recently it has rendered great service to me in three exceedingly distressing cases, which I will briefly

There are few nervous diseases so rebellious to remedies generally as paralysis agitans. Unfortunately this is a somewhat common malady and a medicine

be hailed with delight.

One symptom which gives its victims great suffering is the cramping of the muscles of the neck and arms. When these cramps are accompanied by severe pain and relieved temporarily by hot compresses, Magnesia phosphorica will promptly stop the agony. One of my patients who suffers in this way keeps the remedy at hand and it has never failed to relieve.

that can give any relief to those afflicted by it should

Another form of chronic nervous trouble which is difficult to relieve and impossible to cure is the pain of the secondary contraction in hemiplegic limbs. there is cramp with radiating pain relieved by heat,

remember this medicine.

I have an elderly bed-ridden lady whose left side is useless, that owes much of her comfort to this drug. It sometimes seems to me that some of us ask and

* Pacific Coast Jour. of Homocopathy.

Magnesia phosphorica in expect too much from neuralgia. It is certainly a grand remedy for that painful disorder, but it is only useful when the indications to which we have referred prominently exist. Remember, too, that it is most active when given in hot water.

A recent case of convulsions may still further illustrate the sphere of usefulness of Magnesia

phosphorica.

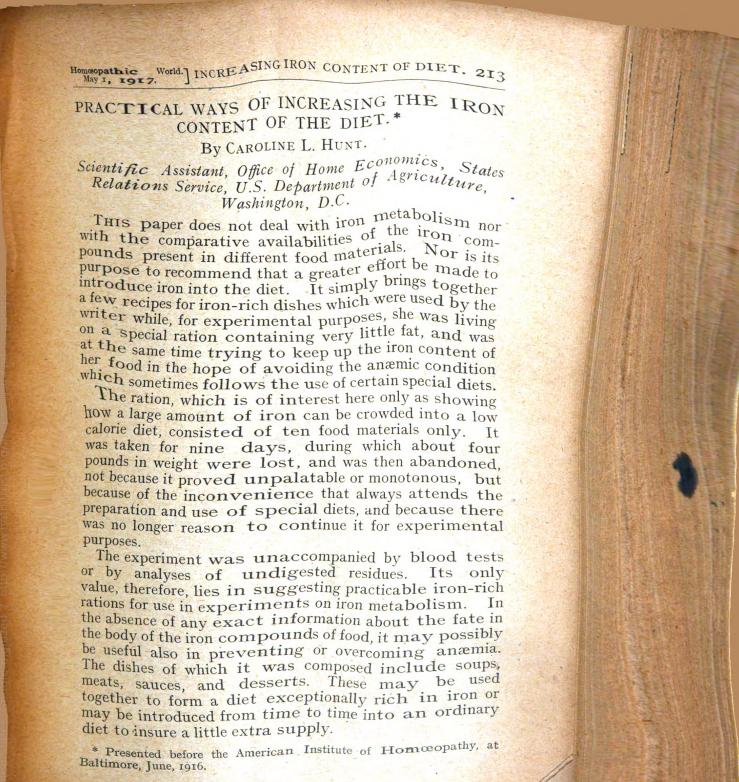
The patient is a young woman, the mother of a strong, healthy child of five years of age. She has always enjoyed good health. Her functions all seem normally performed. Her appetite is good, bowels are regular, she sleeps well, menses regular and painless, urine is normal in quantity and quality; in fact, with the exception of the symptoms we shall relate, she is a

happy, normal young woman of twenty-two.

Upon one occasion she suddenly became unconscious and fell from her chair. She recovered consciousness in a few seconds. A week or two later she had another attack. I was called during this one and it was the most severe she has had, with the exception of the first. The attacks, as she calls them, always come early in the morning, twice while in the bath. has now had five attacks. She says these attacks have all commenced in the same way, first, by a jerk or jump in her arms, which is immediately followed by complete relaxation of the whole body and a feeling as if she were falling asleep. The unconsciousness is plete, but only lasts a fraction of a minute. is a little confusion following it, but no sleepy period. has never bitten her tongue and there has been no enuresis. Since she began to take Magnesia phosphovica five weeks ago, there has been but one slight return of the attacks and she says she is feeling brighter than when the first one appeared.

Magnesia phosphorica is a glorious remedy when Properly selected, but is not a panacea for human ills, propis it endowed with any remarkable powers over diseased conditions. It will do good work within its own restricted circle and that is all we should expect of any drug.







The following table gives the food materials used, the iron per 100 calorie portion, the amount of each eaten per day, and the iron provided by each:

FLESH REDUCING IRON-RICH RATION HAVING FUEL VALUE OF ABOUT 1,900 CALORIES.*

Iron	Content	30	Milligrams.
------	---------	----	-------------

Round of beef (without visible fat) Whole wheat bread Volks (8 yolks)	lilli- ams	Oz.	Grams	C -2 :				
without visible lat) Whole wheat bread Volks (8 yolks)				Caiortes	Grams	Grams	Grams	Milli- grams
String boans Lettuce Celery Pineapple Dates	3.0 0.6 2.3 3.8 3.8 2.7 1.1 1.0	6 5 4 2 2 8 2 2 2	170 170 144 1-13 57 57 227 57 57	200 414 514 47 11 - 11 98 198 181 196	40.4 16.5 22.0 2.6 0.7 0.6 0.9 1.1 2.4 1.5	1.6 0.2 1.9	84.5 8.4 1.4 1.9 22.0 44.7 42.3 43.4	6.0 2.4 11.8 1.8 0.5 0.4 1.1 2.0 2.0

It will be noticed that the diet has a fuel value of than 1,900 calories and contained about thirty milligrams of iron, or about 1.6 milligrams per 100 calorie portion, as distinguished from 0.5 milligram the ordinary mixed diet. In order that it might, spite of these facts, provide sufficient protein and also be sufficiently fat and sweet to be palatable, the food materials were selected from the following groups, which are represented in all well-chosen diets.

Group I. In which protein provides a larger pertage of fuel than it does in the diet as a whole.

This includes milk, cheese, eggs, and most of the

Group 2. In which fat provides a larger percentage of the fuel than it does in the diet as a whole. This includes butter, cream, oil, fat meats, and egg yolks.

* Figures based on Bulletin 185, Office of Experiment Stations, U.S. Department of Agriculture and Food Products, by H. C. Sherman.

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Group 3. In which starch provides a larger percentage of the fuel than it does in the diet as a whole. This includes cereals and potatoes.

Group 4. In which sugar provides a larger percentage of fuel than it does in the diet as a This includes sugar (cane and maple), syrups, honey, candy, figs, dates, raisins, and other dried fruits.

Group 5. In which mineral water and milk acids are large in amount, as compared with fuel value. This includes fresh vegetables and fruits.

The foods in each of the above groups which contain

most iron are:

Group I. The lean portions of flesh foods which have little fat between the fibres, particularly round of beef without visible fat and certain other cuts of beef, veal, lamb, chicken, cod, haddock, white fish and others.

Group 2. Whole wheat preparations, oatmeal and potatoes.

Group 3. Egg volks.

Dried fruits, particularly figs, dates and Group 4. raisins.

Group 5. Spinach, dandelion greens, string beans, lima beans, asparagus, cabbage, lettuce, celery, pineapple, strawberries, huckleberries and grapes. fruits and vegetables are in fact good sources of iron, not so much because they contain more pound for pound than many other food materials, but because they contain so little besides that they can be eaten in almost unlimited quantities without affecting greatly the fuel value of the diet. This is especially true of the succulent vegetables ordinarily used for salads, but also to a great extent of other vegetables and of fresh fruits, though the latter have a higher fuel value owing Though all the vegetables to the sugar they contain. are good sources of iron, spinach occupies a place by itself, having two or three times per 100 calorie portion as any other.

It may be noted that the foods chosen for the above ration were the highest in their respective groups with the exception of string beans, which were used in place

of spinach because of personal preference.



This diet may be brought up to ordinary fuel value by the addition of butter, sugar and potatoes in the Even if the calories were amounts usually eaten. raised to 3,000 by means of the addition of foods which, like those mentioned, contain little or no iron, there would still be one milligram of iron per 100 calories, or twice as much as in the ordinary mixed diet.

SUGGESTIONS FOR USING THE ABOVE FOOD MATERIALS.

Ivon-rich Soups.

Palatable soups may be made out of iron-rich vegetable, whole wheat-bread, meat stock, and egg Yolks. An ounce each of egg and bread (½ slice) in a cupful of liquid thickened with one egg yolk is enough for one person and contains two or more milligrams of iron, depending on the vegetable used and whether water or meat stock is the liquid. Soups made with vegetable pulp and milk, thickened with flour and enriched with butter, contain very little iron, particularly if the liquid in which the vegetable is cooked is thrown away.

Iron-rich Meat and Fish Dishes.

Round of beef has always been recognised as an important food for the anæmic. If all superficial fat, which contains little iron, is cut off, and the meat is chopped and mixed with egg yolks, which provide fat well as iron, the iron content of a given weight may

easily be doubled.

The lean portions of most lean flesh foods are rich iron. If these are served with a sauce made of egg yolks, the necessary fat is supplied and much iron also added. A sauce corresponding closely with the ordinary Hollandaise sauce may be made by allowing two egg yolks and a teaspoonful of lemon juice to 2 cupful of water. When cold this sauce can be used salad dressing. The flavour may be varied by the addition of finely chopped chives, parsley, pickles or olives, capers, horse-radish and anchovy sauce or tomato juice boiled down till thick; or tarragon vinegar





may be substituted for lemon juice. In cases of persons whose digestion is impaired, such substances, of course cannot be used.

Iron-rich Substitutes for Butter and Cheese.

A custard made of egg yolks with an allowance of one tablespoonful of liquid to each yoke may be used with bread as a substitute for butter or cheese. If used for the latter purpose it should be well seasoned with some of the substances mentioned for seasoning the iron-rich sauces.

Iron-rich Sandwiches.

There is a large variety of sandwiches which can be made from whole wheat bread, lettuce and egg yolks, either hard-cooked or made into salad dressing. Where yolks are used in the form of cheese or butter substitute and also in the form of salad dressing in these sandwiches, as they well may be, the iron content is very high.

Other Uses for Egg Yolks.

Egg yolks may be satisfactorily scrambled if mixed with water in the proportion of one tablespoonful to each yolk. No additional fat is needed in cooking. Croquettes of hard-cooked eggs may be made by mashing and seasoning them and adding enough raw egg yolk to bind them.

Iron-rich Sweets.

Equal weights of dates, dried figs, and seeded raisins finely chopped and mixed make a good confection. Each pound of such a sweet contains 16 milligrams of iron, while ordinary candy contains none. This mixture at ordinary prices costs about 15 cents a pound. It may be used in place of marmalade for breakfast and as a filling for sandwiches. If a thin slice of bread is used, and large amounts of marmalade, it makes a good substitute for cake.

A thick custard made of egg yolks and sweetened with dates may be frozen and used as ice cream. Orange juice helps to mask the flavour of the egg.



An Iron-rich Soup.

2 heads of lettuce or an equivalent amount of outer and tougher leaves; I thin slice of onion slices, or 3 ounces, of whole wheat or graham bre 4 cupfuls of meat stock or water; 6 egg yolks; 5a

Lemon juice, if desired.

Put the lettuce and onion through a meat chop with the bread to absorb the juice, cook twenty minu in the water or stock, thicken with the egg yolks a. season. Or, cut the lettuce into small pieces and aft cooking it put through a sieve. In thickening the sou beat the yolks well and mix them with a little of the not liquid before putting them into the remainder the liquid. After the yolks are added, heat the sou only enough to thicken it; not enough to curdle it. double boiler may be used to advantage in making thi soup.

Spinach, kale, cabbage or almost any other vegetable be used in the same way. Such soups are good for anæmic children. It should be possible to get very cheap outer leaves of lettuce that the market man takes

off in making lettuce hearts.

Iron in the above soup, exclusive of that in the meat stock, about 12 milligrams. If made with spinach, it contains 14 or 15 milligrams. Soups made of milk and vegetable pulp, thickened with flour, contain little iron, Particularly if the water in which the vegetables are cooked, is thrown off.

Iron-rich Meat Cakes.

pound of round of beef; 3 egg yolks; I teaspoon of salt; a few drops of onion juice. Remove all fat from meat and chop lean portion. Add well-beaten egg Yolks and seasonings, form into cakes, handling lightly, and broil. Or bake in a hot oven. Iron in the above about 20 milligrams. Iron in same weight of meat akes without removing fat and without egg yolks, about 13 milligrams.

Baked Fish with Iron-Rich Sauce.

Cut bass or halibut into fillets weighing 4 ounces or Salt and pepper them, place in a greased pan,

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cover with a greased paper and cook 15 minutes in a Serve with the following: hot oven.

Iron-Rich Sauce.

6 egg yolks; 3 teaspoonfuls of lemon juice;

ful of water; $\frac{3}{4}$ teaspoonful of salt.

Mix the ingredients by stirring rather than by beating and cook over boiling water until thick, stirring constantly. Serve hot on meat or fish, and cold on Iron about 9 milligrams; iron in oil salad salads. dressing, none.

Thoroughly chilled asparagus with hot sauce makes Spinach an extremely dish. palatable chopped, seasoned and moulded into individual portions may be served cold with the above sauce. addition of hard-cooked egg yolks raises the already high content of this dish. They may be sliced and laid in the bottom of the mould or put through a ricer and sprinkled over the spinach after it is turned out of the

mould. Or all such refinements of serving may be omitted, if it is not necessary to tempt the appetite.

Savoury Iron-Rich Sauces for Meat or Fish.

To the above sauce add capers or finely chopped chives, parsley, pickles or olives; or add horseradish, anchovy sauce or tomato juice boiled down till thick; or use tarragon vinegar in making the sauce instead of the lemon juice. These must be omitted, of course, in the case of persons of impaired digestion.

Iron-Rich Substitute for Butter.

4 egg yolks; ½ cupful of water; ½ teaspoonful of salt. Mix the ingredients and pour into a cup, set in hot water; cover and bake in a moderate oven until

Iron about 6 milligrams; iron in butter, none.

Iron-Rich Substitute for Cheese.

To the ingredients in the above recipe add 2 teaspoonfuls of lemon juice and a few drops of onion juice, Iron same or ½ teaspoonful of finely chopped chives. as in iron-rich substitute for butter. Iron in cheese practically none.



Iron-Rich Substitute for Cream.

A custard made with egg yolks may be used on fruit in place of cream. It is particularly palatable served very cold with stewed plums.

Iron-Rich Sandwiches.

No. I.—Between two slices of whole wheat bread put crispleaves of lettuce and hard-cooked egg yolks mashed and seasoned with salt and lemon juice or vinegar, or with the iron-rich salad dressing. If made with 1½ ounces of bread, I ounce of lettuce and 2 egg yolks, this contains about 4 milligrams of iron.

No. 2,—On a slice of whole wheat bread toasted on one side lay a leaf of lettuce spread with salad dressing and a thick slice of the butter or cheese substitute. Eat with a knife and fork as you would a club sandwich.

Other Uses for Egg Yolks.

Salad dressings may be made out of egg yolks, either raw or hard-cooked, by seasoning them with salt and pepper and vinegar, or lemon juice. Yolks may be satisfactorily scrambled if mixed with water in the proportion of one teaspoonful to each yolk. No additional fat is needed in cooking them. Croquettes of hard-cooked eggs may be made by mashing and seasoning them and adding enough raw egg to "bind" them. Every yolk contains about 1½ milligram,

An Iron-Rich Sweet.

Chop and mix together equal weights of dates, dried figs, and seeded raisins. Buy for the purpose figs intended for cooking purposes. Soften them by washing and drying in a slow oven. This mixture may be used in place of marmalade at breakfast, as a filling for sweet sandwiches, or as a substitute for candy. For the last purpose roll it out and cut into pieces the size of small caramels. This candy may be wrapped in paraffin paper or served in paper cases. Or the pieces may be rolled in powdered sugar. This



Human Pathic Torid.] PHASES OF FAMILIAR REA

from of sweet for children or suffering from constipation.

Iron in I pound about 16 milligran pound of sugar or ordinary can dy, none.

Iron-Rich Ice Cream.

½ cupful finely chopped dates; 1½ cupful finely chopped dates; 1½ cupful for geg yolks; ¾ teaspoonful of salt; ½ juice. Cook the dates and water for la double boiler. Beat the yolks of the the cooked dates over them. Return boiler and cook until the mixture the flavour and freeze.

UNUSUAL PHASES OF FAMILIAR By Julia Minerva Green, M.D., W D.C.

THE excited, restless individual, who way only: Fear always present in his mi or subconsciously; Walks around bloc certain gate; goes down stairs one ste avoid a fall; will not ride far from ho originated from some unhappy experience.

Aconite in potency will cure such a so

II.

Again, we may see a patient meneasily delirious, full of fears sleepl disturbed by visions; emaciated mus

We think of Acon., Bell., Ferrand and perhaps he is given one of these reduces not recover. If he is these reduces exhausted from his emotion watched mentally and physically; gland example and example the proceedings I. Th



excited mentally, from worry lest he become insane. Unable to stop thinking about the petty things which seem to him evidences of this. Now the case looks much deeper. Perspiration profuse on several parts; head especially, and suddenly we see that he is Calcarea carb.

III.

Another patient may have low vitality; anæmia after loss of fluids; stomach distended, sensitive, sensation as though it would burst; averse to exercise; appearance of being ill; sensitive to draughts;

takes cold easily.

We think of China and feel quite sure of ourselves until the patient says she has stitching pains an hour or two before stool; stools large and difficult; swallowing difficult, food slips into trachea; asthma in paroxysms; > sitting forward; averse to being alone; backache in lumbar region; < walking out of doors. Then we recognise Kali carb.

IV.

Another patient may come for help who is constantly thinking of past troubles and of his disease; morbid fear of disease; prolonged insomnia after long-lasting anxiety and over-exertion of mind and body.

We begin to think of Caust., Cocc., Con., but this man seems remarkably irritable, nearly as much physically headstrong; as mentally; hateful; diarrhea with much ineffectual straining; vindictive; pain in rectum after stool.

Nitric acid then outshines the remedies first

considered.

V.

The next patient is apathetic; unwilling to talk; moves sluggishly; weary of life; full of gloomy forebodings; sensation of emptiness in head, stomach and abdomen; constipation with much straining; nausea, sneezing and coryza follow putting hands in water for long at a time.

Here is another Calc-c. patient, we say. reports: Diarrhea in morning, in paroxysms, profuse,



Painless, constipation alteri diarrhœa; boils, crops here and there; ous; desires cold food, and acid drinks.

this time food, and acid ise Pi this time we recognise Phost sluggish state comes from fatigue, brough arduous mental labour, extending over a The time for irritability and intense sens past, and the patient is sick enough to be in

VI.

We are summoned in haste to a patient wh actually ill for some days. Lies in bed perfe very weak, pays no attention to her sur features emaciated, pinched; pale or blu spiration cold, slight; absence with hard, colicky pain, now absent; stools frequent, not observed by patient.

We think of Camph., Verat., Sec., but none of these fit the case, and we Carb v., and paroxysms began with restless ness and exci prostration was marked from the first. that the rem Arsenicum.

VII.

The patient has imagination The patient mas intense; talks hurriedly; eats hurriedly; hurriedly; with sinking faintness from moderate exertion of n with sinking raminess is slight emotion; debility from extremes of tempera dense bloated: face flushed tempera appearance bloated; face flushed tempera dark red; sensation frequent; appearance dark red; sensation frequent; of suffocation frequent; appearance

We begin to see Lachesis in the case, after thinkin Zinc., Phos., Phos-acid, Sulph.

Questionings reveal menses less during menses, palpitation very dark, dyspn less during menses less during menses, put any less during menses than at any less during the choice surely is Lac ther time. Now the choice surely is Lac her esis.

VIII.

Mrs. A. W. B. had headach the morning, lasting two data intense, beginning intense, beginning intense, throbbing the morning intense, at times, throbbing



pain, severe, all through head; < least motion; light noise; < jar; < on waking; unable to lie with head tipped the least bit backward; holds hand to back of neck to keep head steady; soreness of scalp; lies with head high; nape of neck and upper spine sore to touch and pressure; eyes sore to touch and motion: face seems hot to patient, not actually so; when rising, vomiting of bile; vertigo from least motion; mouth, taste foul, tongue coated; urine very frequent, watery, relieving headache, at times; hands and feet cold; > by rubbing and hard pressure; forehead slightly damp; pressure on chest; sensation of lump in throat; pain down spine to waist herself to turn over; nose, formation of polypi, for many years; left nostril closed with them, removed (repeatedly) but continue to form; nasal discharge thick, white; < by each paroxysm of coryza; breathing difficult; unable to breath while eating; sleeps with mouth wide open; draught causes coryza and headache; faintness, frequent; flushes of heat; perspiration profuse following; issues freely from scalp; chilliness and (intense) weakness following profuse perspiration. After fifteen months complained lower limbs, soreness to pressure from chair while sitting; < from any exertion, limbs became very stiff; soreness in long bones, knees and ankles; < in damp weather; > dry, sunny weather; sensation of cold water poured over limbs from hips down; piercing, gripping pain in cardiac region, lasting an hour, caused patient to fall four weeks ago; arms, soreness; back of hands, puffiness; skin of hands mottled,

Arnica should have been seen in this case from the beginning. Fundamental improvement began on this remedy, which was given for one year. Occasional report since states: "quite well."

IX

Mrs. E. W. M., who "suffocates." Strong craving for the open air; miserable in city, faints easily; paroxysms of faintness at night, must go to window;

World.] ASPECT OF FERR U

awakened by lack of air, jumps violent paroxysms with face white, lips bluish; stout, strong-looking, chest, much oppression, sharp, cut cleft side; feels any jar keenly stomach; indigestion with sensa stomach; hard lump rising in forehead, sense of constriction; pressure all over; rectal hæmo markedly anæmic during first hal even then. Finally for a long tolerates no fat foods; menses hav These turned the attention

attention.

Has all the desire for fresh air chilliness; much thirst; weeps knows; she is a very capable wor clinging. Her mind is keen, There is nothing of the Puls. catan not the relief from slow motio exertion to warm her lessens the this remedy works fundamental in

CLINICAL **ASPECTS** PHOSPHORIC

By HENRY FARRINGTON, M. 1

INTRODUCTORY NOTE.—Ferrum phos of two polychrests, Iron and Phosphor expect to be a deep-acting antipsoric curing disease of long standing; but the in confirmation of this view. Rather, its action is confined to the earlier and disease with high fever.

Our chief knowledge of its field of a continuous of those where the clinical experience of those who Schuessler's theories.

THE Phosphate of iron is one OF salts." His general indications salts." Its." His general III. In first stages of inflamma

* Proceedings International Hahnen



2. For pains that are worse from motion and better from cold.

3. Hæmorrhages due to hyperæmia; and:

4. Fresh wounds caused by mechanical injuries:

contusions or sprains.

He would thus limit its sphere to the stage of congestion before exudation has taken place, whether the cause be mechanical or dynamic.

Experience reveals that sometimes the symptoms call for Ferrum Phos. even after pus has begun to form.

In the early stages of febrile conditions, it stands midway between sthenic activity of Aconite and Belladonna and the asthenic sluggishness and torpidity of Gelsemium.

The typical Ferrum phos. subject is not full-blooded and robust, but nervous, sensitive and anæmic, with the false plethora and easy flushing of the parent. iron.

Prostration marked, sudden in onset, at times. Pace more activé than that of Gelsemium, and however severe the congestion, the superficial redness never assumes the dusky hue often characteristic of the former.

Pulse soft and flowing; lacks the weakened impulse of Gelsemium. (Rapid and bounding in Aconite.) (Full and throbbing in Belladonna.) Mental activity, with loquacity; devoid of anxious restlessness and fear, of Aconite. Never reaches wild delirium, of Belladonna. Pain < from motion; > from cold. Rheumatic > by slow, continued motion. Shoulder pain, especially right; > gently swinging arm; unable to keep arm still, in severe cases; (Ferrum met.)

Prosopalgia, toochache and other superficial pains; > by cold applications. Pain due to deep inflam-

mation > by heat.

Tendency to hæmorrhage: more marked than in either-Aconite or Belladonna. Hæmorrhage usually gives relief; frontal headache > after nose-bleed. Colic before menses < by flow, blood bright; result of congestion.

Children having nose-bleed as concomitant of other complaints often need Ferrum phos.



Redness of the skin, not always localised in Suffused or some inflamed or injured part. Suffused Sore throat Sore throat or some exercise; in warm room. stiffness; § morning; dryness; full feeling; Swallowing of a lump; usually R. side. burning; sen Eyes intensely inflamed; red,; burning, sen sand under lids (Ars., Caust., China). As ar paniment of measles or other acute disease

Coryza: dryness and smarting of nasal pas inspiration; < on R. side; face red; front

ache; chilliness about I p.m.

pains radiate Ear trouble with hyperæmia; sation; every heart beat felt in the ear; exte becomes fiery red. Discharge, if any, mucoor bloody; may not relieve. (Specialists s acute inflammation of the middle ear is reliev

quickly with this remedy.)

Susceptibility to Chest troubles. Bronch voung children. Phthisis florida. (In acute bation of tuberculosis a pure palliative, of we Capillary power). Pneumonia. bronchitis. short, spasmodic, painful, < in open air, < on t short, spasmoure, partial results are, < on a larynx, with spurting of urine at larght. Loos painless indoors, painful in open air, during pre Hæmoptysis after severe injury the chest a fall. In pneumonia, when but one lung is a then the temperature takes a jum p, as the opposition

If given early enough this remedy may chec Unination: frequent desire Urination: nequestive secretion urgent urinating, or adults). Excessive secretion of or adults). Excessive assignable cause. Spurting of Urine at night

Vaginitis; intense dryness coition or digital examination intense pa congestion; bearing down sense vague congestion; vaginismus congestion; pearing ation; const pain in region of one or other over the pain in region of other pain in region of one sour series of sour sour series of sour sour series of sour sour series. backache; vomiting of sour backache; vomiting of sud liquid. Vom pregnancy: while eating, sud liquid. Vom enly leaves to



with one effort vomits all she has taken, turns and resumes the meal.

Dr. Farrington, while camping on the shores of Lake Michigan, treated a little girl who had temperature about 102°; skin everywhere rapidly reddened: weakness very slight; pulse full and rapid; easily compressible; contented to lie in hammock and be

· Caused presumably by bathing in the hot sunshine and being chilled by the cool lake winds.

Ferrum phos. 200 (B. & T.) subdued the whole condition in a few hours.

Next day another of the children manifested same symptoms, and was relieved with equal promptness by a dose of the same potency.

Dr. Patch treated a very large man, a labourer, who had a serious Ferrum phos. pneumonia; sputum characteristic, resembling blood washings; bloody water Ferrum that classes profuse bloody water. Ferrum phos. cleared away acute symptoms wonderfully, but did not cure the man, because of other complications.

Dr. Sloan treated two children who had decided congestion, high temperature, dullness on percussion.

Ferrum phos. Both cases were well in twenty-four hours.

Dr. Hayes attended a little girl who had congestion of lungs, with temperature 105°; inclination to talk all the time. Moving about to find a cool place in bed. Skin of entire body flushed red; physical restlessness; no fear nor anxiety.

Ferrum phos. She was well in twenty-four hours.

Platina: Periodical sick headache every two weeks.

Cocculus: Feeling of numbness in right arm and right leg, as if fallen asleep, could not move them. A good remedy for hemiplegia.

Hypericum perf.: In concussion of the brain or of the spinal cord, the indications hint strongly to Hypericum, if we read between the lines.

Lycopodium: Chronic constipation. from 'right to left across the abdomen, worse after eating, great bloating and sense of fermentation, cannot touch meat of any kind. lives on crackers and tea.—C. W. Butler, Hom. Phys.



AN APPEAI

BRISTOL HOMŒOPATHIC HOST SQUARE.

President: W. MEL

For many years the Homeopat! in Brunswick Square, has been a Medical and Surgical work among

The number of persons benefit eyear by year, and for some consider of Management has been contemplated enlarging the accommodation for 1

While this need was under cogenerous offer was made by Mr. present a building, costing about the most modern lines, in memory Bruce Melville Wills, on the condisite should be provided.

To enable the scheme to be mate worthy of the generosity of the dostandard of Medical and Surgical sum of £20,000 will be needed.

A high and healthful site, which extension, has been selected. In a the land, the grounds must be laid vided, and the contemplated throughout as befits a modern and institution of its kind.

While the main purpose of the hitherto, the provision of treat Board of Management proposes dation for those who, although Warsing Home and Profession and desirous to contribute according to the provided, which will prove a solution of the provided, which will prove a solution of treat Provided Provide



It is proposed that the Out-patient Department shall still be carried on in the centre of the City, as being more convenient for those making use of it.

For this sum of £20,000 the Board of Management makes earnest and confident appeal to the public. It would indeed be a matter for deep regret if this generous offer of a building were allowed to lapse for lack of sympathetic response from those to whom the Board now appeals, especially from the citizens of Bristol.

As the Hospital is to be erected to the memory of one fallen in the War, it may be deemed by some a suitable opportunity to name and endow a Memorial Bed, or to furnish one of the Wards—either a Ward for several patients or a Ward for one patient only. Even a smaller gift could be commemorative, or be made an

expression of thanksgiving.

Since it is desired to purchase the site at once, and to make arrangements for immediate building at the conclusion of the War, donations large or small, in War Loan or otherwise, are now asked towards the required sum of £20,000, and promises of definite amounts within a stated time will be gratefully received.

Any member of the Board will be pleased to accept contributions or promises, and to give any further information.

SAMUEL MORGAN, Chairman of the Board.

F. H. BODMAN, M.D., 3, Chantry Road, Clifton,
J. Hervey Bodman, M.D. 9, Whiteladies Road, Clifton,
Gertrude Densham, Avongrove, Sneyd Park,
W. R. Moore, Highbullen, Chulmleigh, North Devon,
Edith S. Morgan, 15, Oakfield Road, Clifton,
W. F. H. Newbery, M.D., 107, Redland Road, Redland,
Edith E. Newbery, 107, Redland Road, Redland,
John Rowlands, 2, Downleaze, Stoke Bishop.
L. Gertrude Wills, Bracken Hill, Leigh Woods.
W. B. Royce (Hon. Treasurer) Capital and Counties' Bank, Clare
Street, Bristol,
C. Osmond Bodman, M.D. (Hon. Secretary), 143, Whiteladies Road,
Clifton,

Members of the Board of Management.



SOCIETY MEE

BRITISH HOMŒOPATHI The Society met on April 12th usual, on account of Easter; the Dr. T. E. Lawson was chair. . The section of Surgery vided the evening's business. showed a striking case of Sarcom X-ray plates, and Mr. Granville Osteo arthritis of the hip joint wit Iohnstone was unable to show his P short paper by Dr. E. A. Neatby postponed to a future meeting. F.R.C.S., gave an account of two ca Ribs, the other of Carcinoma of th interesting discussion followed.

TISSUE FRAGMENTS AND WOUND INFEC to determining the relative importance of dead tissue in the initiation and rate of wounds, experiments were undertaken Surgery, Philadelphia, December, 1916, tion of sterile foreign body or a small piece alone produced no macroscopic lesions foreign body infected with tetanus bacilli B. aerogenes capsulatus or streptocoli B. aerogenes capsulation without in localised abscess formation without in addition of a muscle tissue in the region of the infection all process with and diffuse inflammatory process with and diffuse innaminatory parallel and destructive lesion that the implantation and destructive lesion that the implantation that When infected with tetanus bacilli the fragments determined a high mortality cloth and devitalised muscle, muscle produced the more acute infections muscle produced the more acute infections with the present suggests that in the present suggests t cloth and devitalised muscle, in the of these experiments suggests that in the of these experiments suggested at least as much care should be exercise clear to redevitalised fragments of solution foreign bodies. In all operative problem takes foreign bodies at should be remembered to be taked it should be remembered. foreign bodies. In an open section is practised it should be remembed educed section is practised it should be remembed educed section is practised it should be remembed. section is practised it should not be ered of devitalised tissue may remain to be ered of devitalised tissue may hacteria which make the come Rain a



BRITISH HOMEOPATHIC ASSOCIATION (INCORPORATED).

Chalmers House, 43. Russell Square, W.C.

RECEIPTS FROM 16TH MARCH TO 15TH APRIL, 1917.

GENERAL FUND.

SUBSCRIPTIONS.

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Miss Kate Simpson		• •	• •	• •	I	1	o
•		• •	• •		-	_	

The Quarterly Meeting of the Council was held at Chalmers House on Tuesday, April 17th, when the draft of the Annual Report was considered.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Wednesday,

The General Annual Meeting of Members of the Association will be held at Chalmers House, 43, Russell Square, W.C., on Wednesday, 30th May, at 5 p.m., when all friends and supporters are welcome. President, Sir George Wyatt Trustcott, Bart.,



ERSITY OF CALIFORN



EXTRAC

EXTRA

OF OSSEOUS GR

A QUERY PRESENTED TO THE PHILADELPHIA, BYO. S.

A WOMAN past seventy years for many years. She has been fittieth year, and during the pashown the usual physical signs chronic nephritis. Her urine amounts of sugar, granular casts two occasions we supposed that coma. Once she had convulsions it might have been uræmic, althouse dropsical. Enormous anasarca wit made life a burden.

Last year the dropsy disappeared ning of the summer of 1916 we find way than for a long time previously interesting feature, which I have th mentioning.

She noticed a swelling upon the front of its angle upon the right the last molar upon that side de.

of the tooth, but the patient would deag that she probably had a sarcon thought so, too. After the extracted the tooth was probably had a sarcon thought so, too. After the extracted of the swelling increased steadily. The right side of the tongue and the right most offensive in spite of our colour. The face was deformed as it would be by a large as an orange. Her right evelid on the swelling increased and of bluish the right most offensive in spite of our colour.

of course, I felt quite help eyelid cloagrain of morphia at bed to ess, and some measure mitigated the hours of sleep.

Now it has frequently been my



when one feels helpless in the face of apparently in-234 surmountable obstacles, somewhere in homæopathic literature there may be found a suggestion that may prove helpful. So I read assiduously, hoping to find

Some suggestion for this case. Hecla lava, I have found a penciled note to the effect Materia that this remedy would relieve atrocious pains following the extraction of a molar tooth. experience years before. I also found that Hecla lava had produced necrosis and enlargement of the right

At all events, this patient was put upon Hecla jaw bone in cattle. 3x, and kept upon it for months. that I have examined the patient to-day (Oct. 18th, 1916) and I cannot find any evidences of tumour. The jaw seems normal save for a slight irregular

thickening just in front of the angle. I might also mention that a surgeon declined to operate on account of age,

I would not pretend to say that this was an osteocondition. It looked like one, as there was but slight But the influence of rise in temperature at any time. the Hecla was, apparently, very helpful. My friend, Prof. Weaver, informed me that on several occasions he has derived much help from Hecla in necrosis and ne mas deliveration, as well as in other sinus after mastoid operation, as well as in other bone necroses.

GRAPES AS AN ARTICLE OF FOOD.—Bortarelli (Gaz. degli Osped. del. Clin., Milan, May 28, 1916, No. 43, pp. 673-698) discusses some recent research in Italy aiming at utilising grapes more than hitherto in the standard diet by making into durable food preparations. grapes into durable food preparations. The them into durable the pulp mixed with milk, ground meat, juice of grapes and the pulp mixed with milk, ground meat, juice of grapes and the register to modify the protein in such a blood, or the yolk of eggs seems to modify the protein in such a blood, or the your of the make it more readily way as to This phenomenon of the make it more readily This phenomenon of the preserving property of digestible. This phonomer is still an unexplained mystery, the derivatives of the grapes is still an unexplained mystery, the derivatives of this between that the phenomenon may but Bartelli says that he has proved that the phenomenon may but Barten on, and that vinegrowing countries have here an be counted on, and the production of new articles important source of food supply in the production of new articles important source combinations of proteins. important various combinations of proteins with the derivatives of diet by The Medical World of the grapes.—The Medical World.





OBITUARY.

DR. W. T. WOLSTON.

By DR. SPIERS ALEXANDER.

WALTER THOMAS PRIDEAUX WOLSTON Was bornsham, South. Devon, in 1840, and at his deat

11th March, was thus in his 77th Year. After completing his early education, he can Soon, ho, London, there to read for the bar. London, there to read for the relinquishing that object on conscientious group relinquishing that object on conscientious group entered King's College as a medical student for his kind change was no doubt opportune, sympathetic nature, coupled with an unusual n of mental vigour and acumen, eminently fitted profession he so long adorned. studies there till 1864, when he removed to E_{di} and finished his medical curriculum at the Univ that city, taking the degree of M. B. in 1865, and same year also obtaining the diploma of M.R. 1879, he proceeded to the doctorate of his univ

During the years 1865-7 he was resident in the Royal Infirmary for Sick Children, of E there gaining experience which he always low

On completing his terms of service in institutions, he decided to remain in Edin began private practice at 10, South Castle

Having, through the influence of various become interested in the principles of various determined to put them to the test, soon find opportunities of doing so. The opportunities of doing so. The writer well of the truth and efficacy of the start ochim to continue in its practice of the truth and efficacy of the scarlatinal-nephritis in a child like of arsenic poisoning setting in the treat with Cantharis and hot packs, and setting in. The flow of urine setting in. The flow of urine as great of the start of the child be as great of the contraction of the contract



This was the beginning of further successes, and he ere long built up an extensive practice, chiefly among the better classes of Edinburgh, becoming widely known there, as well as There can be no doubt that his own strong personality, genial nature and decided opinions inspired great confidence in all who came under his care, contributing largely to the success and popularity

After some years, he removed to Charlotte Square, he enjoyed. and here he continued his practice till his retirement. In the early eighties he became greatly interested in the treatment of diseases of the ears, nose and throat, and soon established a reputation as a specialist in those subjects. He was among the first to take up the operative treatment of post-nasal adenoids, after its

introduction by Meyer, of Copenhagen.

He also quickly followed Michel of Cologne in the use of the galvano-cautery snare in the removal of nasal polypi, a method to which he attached great value, especially in the reduction of pain and hæmorrhage. In this work, he had a very large clientêle patients coming to him from long distances for treatment. After a time he found it necessary to pay periodical visits to London for the convenience of patients in the south.

His holidays were generally spent in Switzerland, chiefly in the Upper Engadine, and in visiting various Continental spas, the results of the experiences of the latter being incorporated in his presidential address

to the British Homocopathic Congress.

After many years work, partly from failing health, he retired from practice, and took up his headquarters at Weston-super-Mare. His life's work was, however, by no means at an end, for the leisure from medical duties now gave him the opportunity to devote himself entirely to work which had engaged his earnest attention ever since his student days—that of evan-Here he was an indefatigable and valued gelisation. worker, both as a preacher and author. A few years: worker, was able to carry out a long cherished wish, that of visiting Australia and New Zealand where he

object so dear to his heart. on returning from the AntiPodes his health beginner increasing to give increasing cause for an iety, and the outbre of war in August, 1914, found him at Veerena Having to 1 where he had gone for treatment. Having to leave where he had gone for treatme! good deal of difficulting once, he made his way, with a good deal of difficulting once, he made his way, with a good deal of difficulting once, he made his way, with a good deal of difficulting once, he made his way, with a good deal of difficulting once, he made his way, with a good deal of difficulting once, he made his way, with a good deal of difficulting once, he made his way, with a good deal of difficulting once, he made his way, with a good deal of difficulting once, he made his way, with a good deal of difficulting once, he made his way, with a good deal of difficulting once, he made his way, with a good deal of difficulting once, he made his way, with a good deal of difficulting once, he made his way, with a good deal of difficulting once, he made his way, with a good deal of difficulting once, he made his way, with a good deal of difficulting once, he made his way, with a good deal of difficulting once, he made his way, with a good deal of difficulting once, he made his way, with a good deal of difficulting once, he way and deal of diffic Norway, hav to mission at Christi; via Holland and Denmark, arranged for an evangelistic ninterpreter. The his the aid of an interpreter. The arranged for an evangelistic meetings, by the aid of an inof the work, however, was too great, and he
in laid law by a seizure, resulting he of the work, however, was to eventually laid low by a seizure, resulting hemiplegia. For many months he remained sufficient sufficient to ro to England, and to moleto the lived on for another year or more, as a confinite invalid, ever patient and cheerful, though to the contrast to his former easy, activities to England, and to his home at more, as a confirmation of the confirmation of keenly the contrast to his former easy, active Some weeks ago, a second seizure occurred, rend him unconscious. He lived on in this state til 11th of March, when he peacefull passed away.

HAM MOND. T. \mathbf{M} .

Our readers will deeply regret to learn of the of Dr. J. M. Hammond, as the result of wounds reconst of Dr. J. M. Hammond, and the Bulgarian front. His gallant conduct on service won him the D.S.O., and his endurance made him a central design of the service was a service with the property of the service was a service with the service was a service was a service with the service was a service was a service with the service was a service with the service was a service was a service with the service was a service was a service with the service was a ser cheerful courage made him a centre of love and ation among his fellows. Now he has crow ation among his learned as well as he has crow career full of promise as well as he has crow achievement noble death and our hearts go achievement in proud syr to his friends. He was trained in London at resident officer for a time at the In Lo to Homeopathy with keen interest and his early his homeopathy with his homeopathy with his early His home was in Bourne and he was practising there was in Bourne and he was practising there was in Bourne the great success ioined the army. His colleas the great succession of the army. His colleas the great succession of the

"He tied himself to no "He tied miniscration of the dilutions high or low, but I was stem of mean dilutions high or low, but I was stem of mean dilutions high or low, but I was stem of mean dilutions high or low, but I was stem of mean dilutions high or low, but I was stem of the mean dilutions high or low, but I was stem of the mean dilutions high or low, but I was stem of the mean dilutions high or low, but I was stem of the mean dilutions high or low, but I was stem of the mean dilutions high or low, but I was stem of the mean dilutions high or low, but I was stem of the mean dilutions high or low, but I was stem of the mean dilutions high or low, but I was stem of the mean dilutions high or low, but I was stem of the mean dilutions high or low.



former, especially in chronic cases, many of which came under Inis hand. Genius has been defined as 'an infinite capa city for taking pains,' this he had to an unlimited extent. To the poor he was especially good. He felt that their health was their means of livelihood, and many we re the little luxuries that found their way to the sick be of the sufferer. Whether it was at home, poilus 'at St. Malo, or with the 'glorious amongst the amongst the poilus' at St. Malo, or with the Devons' on the Bulgar front, we have t testimony of self-sacrifice and Christian spirit. the Bulgar front, we have the same

"In a letter received from him since his death, describing how he received his injuries, he says, 'I found I had 1 ost my tourniquet.' Knowing him, one can well believe that, though it might be a matter of life himself, this had been used for some other or death to and when required for his own poor poor fellow shattered less was missing. It is proposed to raise a testimonial his memory, taking the form of an for a 'free bed' in the Hahnemann endowmen**t** Home for the use of those Dispensary patients, amongst whom he laboured so lovingly during the past five

"Subscriptions will be gratefully received and acknowled sed by the undersigned,

B. W. NANKIVELL."

"2, West Cliff Road, Bourn e mouth."

hardly add how heartily we endorse this We need friends of Dr. Hammond can find no appeal, an better trib te to his memory nor one he would have preferred.

DR. PETER STUART. By DR. T. SIMPSON.

to deplore the loss to our ranks of Dr. We hav who died very suddenly at his residence at Peter Stua Liverpool, on the 12th inst. It has Blundellsa 1 Blundellsa found surprise to his numerous friends; een apprehensive of any serious condition he had not lurking wit I in him which had a fatal tendency; always





his extensive con active, cheerful, attentive to practice, in Liverpool, placid in impassioned in his diversions, happy in his relations had relations, beloved by a large circle of fries seemed to inherit a preference for the study of m from his venerable father, who devoted much time, many of his talents and resources to ad causes which at the time were unpopular, but triumphant in the end; such as those who championed by Garibaldi, Mazzini, Orsini, who personal friends, and visited his home at S. Here he had a 1 Here he had a large following of invalids, to v administered medicines, on Hahnemann's lines was provid to was proud to possess precious heirlooms of the medical reformer. medical reformer, his books, medicine came portraits, etc. with In this atmosphere that his son Peter should be inspired foste sentiments, and his predilections were Practi assisted by the liberal education and tort which his father could render. He was securing the House, 36a, Rodney Street, become the traditional Hom become the traditional centre of the cult, by the long residence of the gifted. He did not crave a fortune but was and by spread of the cause to be sp spread of the cause he had espoused, · secure the recovery of his patients, He safest and most rational methods. way rival, neither stood he in any man's collateral interests, but concentrated his direction of doing all the good he could be coul he could and as long as he could, and the quiet and peaceable life quiet and peaceable life, beloved by forty years, when he and I rode on the for an hour before going to an

He was the father of two fine youth for their country. He leaves a wife his departure.

The Liverpool Hahnemann Hospit 1 in him a valued medical officer, and 1 institute was crowned with honour generous in his contributions to not



interested himself in many humane and beneficent employed his individual talents for the projects. $H \rightleftharpoons$ increase of the public good, and helped forward many dependent po who craved his sympathies with ready response. will be sorely missed by a great number $H \in$ of those who his skill and care have befriended years, and by his colleagues who find through man their ranks so sorely depleted.

VARIETIES.

WITH LIVER DISEASE.—Roger (Arch. des GLYCURONUE I Maladies de l'A paveil Digestif, etc., Paris, 1916, No. 2, pp. 61-108) enumerates the various factors liable to influence alimentary glycosuria, the ereater or less absorbing power of the bowel, the eliminating power of the kidneys, and the power of the sugar consumption by the tissues. Induced alimentary glycosuria is thus unreliable. unreliable as a test, but we have learned that sugar and glycogen aid in the arrange constitution of the arrange c aid in defendins the organism against poisons. In normal conditions, there poisons into compared to compa comparatively In normal on the urine contains about and gm. glycuronic In normal conditions the urine contains about 0.04 gm. glycuronic compound conditions the litre. Most of them are conjugated with compoundsthe litre. Most of them are conjugated with. phenol and in dol-The glycuronuria subsides during starvation along with the Same time of the liver. On a milk diet it also subsides; the same time there is less putrefaction in the intestines. a dose of 0.5 to one gm. of Camphor before After starchy or sweetened food, intense glycuronuria follows if the liver is grant of Rorive liver is funct i to estimate and followed the Tollens and Rorive reaction funct is functions of glyreaction it is to estimate and follow the proportions of gly-curonic acid in the naph that the naph ith 0.002 gm. in a litre of water, and shows up is distinct ever • O.OI per thousand. variations ever linical experiences related are the absolutely. Among the concordant fin gs with cirrhosis of the liver and in thirty-two cases of jaund i age do not seem cases of jaund age do not seem to modify the glycuronuria. Chronic nephritis and In fourteen cases with a system of heart disease the glycuronuria was far below In fourteen cases with asystole. In three other cases normal in the s normal in the s

Curonuria was normal in one, and this patient recovered. The covered women are glycuronuria, and both forty pregnant women examined 65 per cent. of died. Of the



the twenty with stomach trouble or showed complete absence of glycuronuria; 30 per cent. had very little, and only 5 per cent. little, and only 5 per cent. had very pronounced glycuronuria.

Of the twenty healthy median very pronounced glycuronuria, and Of the twenty healthy women, all had a little glycuronuria, and
These figures it was quite pronounced more or less in even mild pathological cases. d in 70 Per cent.
show that the liv the instructive importance of tests to determine the conditions in regard to determine the conditions acid as a liver is suffering ditions in regard They, emphasise routine procedure in pregnancy, when there is anything to suggest abnormal conditions. The findings in pneumonia is to date it also. In short Rocce is a glycuronuria suggest abnormal In short, Roger declared, glycuronuria power of the liver, and the technique for gauging it is comparatively simple, and is now ready to be ready. tively simple, and is now ready to be adopted into general little complicated, is to add to five the control of little complicated, is to add to five c.c. of urine in the centrifuge the commercial solution of lead subset.

The adds: "The most sensitive method, alder tube 0.2 of ammonia water (ammoniaque), and then two c.c. of the tube is filled to the tube is filled. the commercial solution of lead subacetate. up with distilled water containing one per cent. armmonia water.

With the distilled water containing one per cent. armmonia water.

With the distilled water containing one per cent. After moderate water containing one per cent. ammonia water with the ammoniacal solution, centrifusing the fluid is decanted and washed may amount acal solution, centrifusing time. Filtering with the ammoniacal solution, centrifuging each time. Filtering longer instead of centrifuging each time. Very much may answer instead of centrifuging each time. Find longer. The precipitate thus much but it takes very much with five c.c. longer. The precipitate thus purified is mixed distilled water and the whitish distilled water, and the whitish mass resulting is poured into a test tube, and, after this, 0.5 c.c. of a selection of parket. tube, and, after this, 0.5 c.c. of a one per cent. alcoholic solution five c.c. pure hydrochloric acid are added to the test tube is placed in the light of the centrifuse test tube is placed in the light of the central set to the contract the set tube is the contract the contra five c.c. pure hydrochloric acid are added, and the test tube is placed in the boiling water bath for second and the test tube is the cooled in the boiling water bath for second and the test tube is the test tube is the cooled in the boiling water bath for second and the test tube is the test tube is the cooled in the boiling water bath for second and the test tube is the test tube is the test tube is the cooled in the boiling water bath for second and the test tube is the tube water bath for second and the test tube is the cooled in the boiling water bath for second and the test tube is the cooled in the boiling water bath for second and the tube water bath for second and the tube water bath for second and the test tube is the cooled in the boiling water bath for second and the tube water bath for second and tub placed in the boiling water bath for fifteen minutes. cooled in running water bath for fifteen minutint is yellow or slightly tends to is is tint is yellow or slightly tends to pink if there is in o glycuronic turns violet, the tint more or less pronounced.

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particularly instructive with a positive reaction the other method is particularly instructive with a positive reaction method is method is particularly instructive with a positive reaction method is particularly instructive with a positive reaction method is method is pronounced. turns violet, the tint more or less pronounced.

Particularly instructive when the urine contains

This is readily and by reducing substances. This is readily recognised by a little Fehling's solution. The tint I quantities of heating with or greenish.—Medical World. The tint then becomes yellow, brown,

on 2020-01-06 23:54 GMT / http://hdl.handle.net/2027/uc1.b5587681
in in the United States, Google-digitized / http://www.hathitrust.org/access_use#pd-us-google DIAGNOSIS OF DUODENAL ULCER. Nowa CZYPISKI which which of the section of the sect med. Wchenschr., Berlin, October 26th, 1916) reports three cases the pylonis cellinate picture indicated. in which the clinical picture indicated abnormal the pylorus calling for operative conditions in the pylorus calling for operative treatment, but this diagnosis as far adhesions between the operation. The pylorus calling for operative treatment, but this diagnosis as far and the operation. was not sustained by the operation. Proved to be adhesions between the stomach and liver or inducing spaces of region, suggesting a suggestion as suggesting a suggestion a sugge away as the spleen region, suggesting a fresh and liver or tunctioning spasm of the bowel. These fresh are tunctioning the stomach and be tunctioning the stomach and be the stomach and be tunctioning the stomach and inducing spasm of the bowel. These spastic functioning the stomach and by reflex action modify the stomach pylorospasm hypersenses by the stomach and by reflex action modify the stomach and hypersenses by the s This altered functioning of the stomach may pylorospace burstoning of the stomach may anifested by pylorospasm, hypertonus, exaggerated perist and hyper-If then are secretion with its train of subjective disturban I Iom altered superadded on these symptoms the disturbance

conditions in the vegetative nervous system, such as are common with duodenal ulcer, the diagnosis of duodenal ulcer is almost In one of the three cases described occult blood in the stools aided in misleading the diagnosis. There did not seem to be any leison elsewhere in the bowel that might have explained it. It is hard to explain the source of the occult blood found constantly in the stomach content in the case in which an old healed ulcer was found in the duodenum; the blood certainly came from the stomach in this case. It is a question whether local violent and painful contractions of the stomach can cause laceration of vessels enough to explain the blood findings. In the three cases reported there had been stomach trouble respectively for ten weeks or twelve years, five years and one month, with intervals of freedom from symptoms. The patients were thirtythree, twenty-five, and twenty-three years old. In the last mentioned case the disturbances began suddenly with intense pain in the stomach and bloody vomit. The repeated vomiting relieved the pains but they soon returned regularly after each By the end of the month the pains had become stronger and continuous, but there was a good appetite and no occult blood in the stools. A gastric or duodenal ulcer seemed almost certain, and as the pains remained unbearable the abdomen was opened. The stomach was somewhat enlarged and the pylorus contracted, but no signs of an ulcer could be detected in stomach or duodenum. In the spleen region stout adhesions were found, relics of perisplenitis. A gastro-enterestomy was made with a short loop.

OSTEOGENESIS IN LIGHT VITAL STAINING.—Young and growing animals were stained by Shipley and Macklin (Amer. Journ. of Physiology, Baltimore, December, 1916, No. 1) with dyestuffs and metallic colloids, and the histological study is presented in this paper. The avidity with which cells eat the vital dye granules places them in the category of macrophages, and demonstrates the phagocytosis of which they are capable. The osseous tissue is stained very darkly, and this colour is much more marked in the growing than in the fully developed bone. The primary ossification centres are stained only if they are areas of asteoblastic activity at the time of the giving dye. This is most evident in the thin bones of the developing skull where the primary centres are almost without colour and the rapidly advancing edge of the membrane bone is heavily stained. It was expected that the osteoclasts would be found loaded with blue granules. Instead of this no blue at all was to be seen in their bodies. In other words, these cells are non-trypanophilic and non-phagocytic. They can therefore not be classed with the pyrrhol cells on a physiological basis. The only cells which manifested the characteristic trypanophile reaction were the ordinary recticularendothelial cells of the marrow reticulum. Though these were everywhere present throughout the marrow cavities of the young bone, they seemed to be most numerous in the areas where



erosion of the cartilage and bone was going on most actively. At the margin between cartilage and bone at the epiphysis there was a narrow zone in which these macrophages were very numerous, and a distinct line of them could be made out along the edge of the cartilage to which they were apparently closely applied. In the region of the new endochondral bone, just behind the advancing osseous border, namely, in the region in which the new spicules of endochondral bone were being most actively resorbed, they were more thickly grouped than in the rest of the marrow cavity. The pyrrhol cells or macrophages may therefore be considered to take some part in osteogenesis, and it is believed that they ingest the debris and assist in clearing it away. Any function of the osteoclasts in the resorption of calcified cartilage or bone must be performed by the agency of chemical solution or mechanical erosion through pressure exerted by them on the material which is being broken down.—Medical World.

ALZHEIMER'S DISEASE.—Lambert (Psychiatric Bull., Utica, N.Y., October, 1916, No. 4) cites two cases, both of men of fortynine, without significant hereditary or make-up, but with a history of alcoholism. In each there developed slowly and insidiously, without attacks of unconsciousness or convulsions, a most profound dementia. The onset was first evident in inattention, indifference and absent-mindedness; later became more manifest in declining efficiency, progressive impairment of memory, retention, grasp and poverty of thought, followed by aimless, listless, foolish behaviour and increasing mental dilapidation which went on apace toward an atpathetic dementia, incapacity to comprehend, to talk, to walk, and a bedfast state in which the patient muttered and mumbled and fussed and fumbled, and pulled at his bedding, wet and soiled himself, chewed a little, and gulped what was in his mouth, and vegetated for a time and died like a decerebrated animal. Among the more striking symptoms, in these cases were the outstanding symptoms of agnosia, aphasia, and apraxia. In two other patients, one sixty-one and the other seventy-one, there likewise developed gradually, without cerebral irritation, apoplexy of paralytic phenomena, evidences of deterioration. In addition to the diffuse non-systematic symptoms of dementia there stood out in the first case a diffuse aphasic or paraphasic disorder, largely of a sensory type at first, later of both a sensory and motor transcortical type. There was little motor or ideatory apraxia in this case. In the second case there was also considerable paraphasia and jargonaphasia, but more prominent were the symptoms of motor, more particularly ideatory apraxia. There, was absence of objective paralysis, although in the second case a right hemianopsia was suspected and anatomically properly so.

Medical World.

TIME RELATIONS OF AURICULAR SYSTOLE.—About 0.02 second after an impulse is emitted from the sino-auricular node the right



auricle begins to contract, as evidenced by the rise of intraauricular pressure. The precise onset of this mechanical shortening, Wiggers (Amer. Journal of Physiology, Baltimore, December, 1916, No. 1) says, cannot be determined from the waves of the venous pulse, but may be approximated by the peak of the wave taken by Lead 11. This mechanical shortening is due to a series of fractionate contractions which spread across the auricle in the wake of the excitation wave. The units of cardiac tissue overbalance the relaxing units. As soon as an exact balance is established no further shortening is possible and the determination of the systole has come. This period lasts about o.11 seconds. The contraction of the auricle exerts a dynamic action by elevating intra-auricular pressure. This occurs early in systole, but continues for only 0.05 second; during the remainder of systole the intra-auricular pressure fails. This dynamic interval, as the period during which pressure rises is called, may be estimated from the rise of the venous pulse, or wave, but the total duration of systole can be determined neither from the record or the elctrocardiogram. The auricle continues to contract after excitation of the ventricle has occurred, as shown by the fact that it terminates during the R variation of the electrocardiogram. The ventricle normally never contracts until auricular systole is completed. Occasionally ventricular systole follows immediately, but usually an intersystolic interval, averaging 0.024 second, intervenes. The duration of this interval can be accurately determined neither from the jugular tracing nor from the electrocardiogram. The a-c interval of the jugular pulse in normal and regular rhymes very nearly equals or at least varies with the As-Ss interval, but the latter is not a criterion of the intersystolic interval, and does not vary with it.

TREATMENT OF EXTROPHY OF THE BLADDER.—T. Rovsing (Hospitalstidende, Copenhagen, November 15th, 1916, No. 46, pp. 1109-1132) gives an illustrated description of two methods for remedying this condition. The second is only to be applied in case the first proves unsatisfactory. The first method is merely to introduce a retention catheter and suture the bladder walls around it. With the second method the trigonum is implanted in the rectum which is severed at the sigmoid flexure and drawn forward to make the new bladder. In the case described in detail he thus produced a closed and continent bladder, which contracts and can be voided voluntarily with normal frequency, but the patient is left with a fœcal fistula above where the stump of the sigmoid flexure is brought out. Rovsing regards the discomfort from a well-made feecal fistula in sound tissues as less annoying that that from extrophy of the bladder. With his first method the peritoneum is not opened. The bladder is separated from the urethra and the latter is sutured separately, while the retention catheter assumes its functions. The bladder wall loosened up on all sides is sutured round the catheter.





This method has proved satisfactory in a number of cases, the bladder increasing in size to almost normal capacity in time. In case the bladder is too irritable for this, a urinal is worn. This method is far from ideal, but in the most harmless manner it does away with incontinence, keeping of urine and all its evils. When the bladder does not permit this technique, the only choice is between transplanting the ureters into the skin or into the bowel. Each has so many drawbacks that he prefers what he calls his second method—cutting away the bladder walls except around the trigonum and bringing the rectum over to make a new bladder. This method was successfully applied to a boy of three after the first method had been tried and failed, owing to conditions left by bilateral herniotomy.—Medical World.

Storing of Drugs in Tuberculous Tissue.—Stern (Zeitschr. f. Tuberculose, Leipzig, 1916, No. 4, pp. 241-320) thinks that the principle of chemo-therapy, in the sense of a special affinity of the bacilli or of the diseased tissues for the introduced drug, has not been proved. But there is every reason to assume that where the circulation is especially active the drug is brought. into the region; then by checking the circulation, the drug can be kept there. It is possible to influence artificially the circulation along these lines. Among the arguments he presents to sustain this view of the lack of a firm scientific basis for the socalled chemotherapy is the efficacy of potassium iodide in sporotrichosis. Nothing else ensures so prompt and so complete a cure as this, but potassium iodide does not act on the parasite; there is no "affinity" between them. It disintegrates the cells of the infiltrate leaving the parasites unmodified This is its action also in syphilitic humans; it breaks up the pathological tissue cells but does not destroy the spirochætes. No one claims that it kills the spirochætes. We are far from the realisation of an effectual chemotherapy for tuberculosis, but in the meanwhile we are able to draw and hold the drug in the diseased area by various measures to induce hyperæmia in general and also in local hyperæmia. Attempts to increase the action of phototherapy by salve treatment and efforts in the line of accumulating deposits of the drug in the pathological area by stasis or other hyperæmia—thus storing up potassium iodide, for instance, in the diseased tissues—deserve the greatest attention and imitation. Here is a field, he adds, in which actual experience takes precedence of theorising.—Medical World.

TREATMENT OF GONORRHEA IN MALES.—Pereira (Brazil) Medico, Rio de Janeiro, October, 1916, No. 44, pp. 345-352-has been impressed with the frequency of pyelitis in gonorrhea at Rio. It seems to be part of the normal evolution of gonorrhea in the male there. He says that it can occur only by the infection being carried to the kidney pelvis by the blood or lymph, and this confirms the assumpton that gonorrhea is not a local, but a general affection. This explains why local measures fail to



prevent its passing into a chronic phase. He has been impressed also with the way in which the gonorrhœa seemed to be permanently cured when the man had contracted syphilis likewise and was being given treatment for the latter. Under salvarsan alone it showed no improvement, but under specific course of mercury the gonorrhæa seemed to be aborted. The conclusion is inevitable that a general course of mercurial treatment is indicated in gonorrhœa. After extensive experiments he decided that mercury biniodide seems the best adapted for the purpose. The dosage need not be so large as for syphilis. He has thus eradicated the gonorrhea in from ten to thirty-six injections of 5 mg. or half this of mercury biniodide (bi-iodureto de mercurio). repeated daily or on alternate days without any local measures. By way of the stomach the action is slow and inconstant, and intramuscular injections are less effectual than intravenous. conclusion, Pereira reiterates that chronic urethritis is almost incurable at Rio by the other treatments advocated to date, but the prospects are bright for the permanent cure, without local measures, under a systematic course of mercurial intravenous injections.—Medical World.

BLOOD PRESSURE DURING ETHER ANÆSTHESIA.—The purpose of Muns (Annals of Surgery, Philadelphia, December, 1916, No. 6) investigation was to demonstrate graphically the actual changes in the condition of the peripheral circulation and in blood pressure accompanying long continued ether anæsthesia, and the relation which the vasomotor changes may have to the blood pressure. He found that ordinary third stage ether anæsthesia prolonged beyond one hour results in more or less marked vasodilatation in the periphery. This is a progressive change, more or less regular in character, increasing directly in proportion to the lengthening time of administration. In most cases the limit of vasodilatation is not reached seven hours after the beginning of the anæsthetic, but occasionally the extreme of the condition may be reached after a shorter administration of ether. is a direct relationship between the condition of the vasomotor control and the blood pressure. The end result of ether depression is loss of function. The syndrome, known as postoperative shock, is a commbination of the effects of excitation and depression, and varies directly with the algebraic sum of these two factors. The vasomotor centre is the variable factor in bringing about the vasomotor change; the variation is directly dependent on the changes in the vasomotor centre produced by ether.—Medical World.

DIAGNOSIS OF WEIL'S DISEASE.—Baumler (Munchen, med Wchenschr., Munich, October 17th, 1916, No. 42, pp. 1477-1508) remarks that the army experiences have confirmed the peculiar restriction of this disease to the younger men and the summer months, and its prevalence at certain points in small epidemics. Another feature is the frequence of cases in which swimming





pools seemed to be a factor in its spread. Differentiation is simple and easy now since it has been shown that intraperitoneal injection of the blood in a guinea pig reproduces the typical disease. Krummbein and Frieling have recently announced that the disease can occur in dogs and be transmitted by their bite or by fleas from them. The disease is rare among civilians. Baumler has encountered only one case in civilian circles in his fifty years of practice. This was in 1894, and he reproduces the clinical notes on the case. It was extremely severe, the prolonged fever, severe nephritis and jaundice in the carpenter, twenty-six years old, being more pronounced than in the classic type of Weil's disease. There were also urticaria, parotitis, cystitis and general hydrops, and actual convalescence did not set in until after the ninth week. The man then gained over thirty-seven pounds in two months. Bàumler publishes the details mainly to emphasise the complete recovery, recent examination having shown the man sound and robust with healthy children.—Medical World.

THE HAND SIGN IN SYPHILIS.—Posadas (Semana Medica, Buenos Aires, September 28th, 1916, No. 39, pp. 305-330) for the last three years has been noticing very often in his syphilitic patients, with or without treatment, a pinkish spot in the hypothenar region or palm. There is evidently a special dilatation of the capillaries in the skin of this region on both hands. It forms a triangle with the base line running from the middle of the inner half of the first fold on flexing the root of the hand, to the middle of the ulnar edge of the hand. The inner side of the triangle runs from the middle of the ulnar edge of the hand to the digitopalmar fold corresponding to the little finger. The triangle thus occupies the hypothenar region, but there may be merely a round spot instead of the triangle. The skin may look pinkish or resemble a scarlatinal eruption, or even a vascular nevus, but the redness never extended beyond the outline of the triangle described above. He found this hand sign in 131 of 493 syphilitics examined, that is, over 65 per cent., but never earlier than the third year after infection. Omitting the patients with infection of more recent date, he found this sign pronounced in nearly 81 per cent. of 397 patients. Specific treatment renders it more intense for the time being and then it returns to its former aspect.—Medical World.

INJURY OF THE EAR FROM EXPLOSION.—Wicart (Bull. Acad. de Med., Paris, September, 1916, No. 37) insists that the air concussion from an explosion induces as a rule merely transient and curable disturbances in a previously normal ear. Chronic ear trouble or old healed otitis materially aggravates the effects of the air concussion. In many cases the disturbances from the concussion are prolonged or aggravated by some constitutional trouble, syphilis, malaria, autointoxicatoin, etc. Treatment of the constitution trouble relieves and may cure the ear disturb-



ances, associated with local measures to soothe the swollen mucosa in the nose, pharynx, and eustachian tubes, and soften and mobilise the tympanic membrane, and he advises filling the ear with cotton wet with glycerine to prevent contusion of the tympanic membrane, and to wear ear muffs padded with cotton. Swallowing two or three times, with the nostrils pinched together with the fingers, helps to hold the tubes open at the moment of the enplosion. Infection comes by way of the tubes or outer ear, and hence he urges systematic hygiene and sterilisation of the ear and nasopharynx to keep the ear in good condition in prophylaxis.

EPIDEMIC OF DENGUE IN ARGENTINA.—Kraus (Deutsche med. Wchenschr., Berlin, October 26th, 1916) states that nearly the entire population of two towns, one in Argentina and one across the border in Uruguay, had dengue last spring, and it spread throughout that Argentine province, but died out in March and There were no complications and no fatalities, but convalescence was protracted, and the patients felt extremely weak and had no appetite. No micro-organism could be cultivated from the blood or detected with the microscope. leucocyte count was low in many cases, down to 2,200 leucocytes in some, with increased numbers of lymphocytes and large mononuclears, but no eosinophilia was evident in the convalescents. The disease did not seem to be transmitted by direct contact, but it is probable that the swarms of Fatigans and Stegomyia fasciata, exceptionally prevalent that season, were responsible for the transmission. He adds that dengue has been known for years in Brazil and Argentina, but this seems to be the first description of it there to be published.—Medical World.

HYPERPLASIA OF PINEAL BODY.—The pineal gland in two cases was examined by Bell (Journ. of Nervous and Mental Diseases, Lancaster, Pa., December, 1916, N.o 6). In each instance it was enlarged and contained cysts. Bell says that in none of the organs of internal secretion are these cells with characters similar to those of cells of the pineal body. The pineal cells in young individuals are similar in numer and structure to those in pineal bodies of older individuals after involution is established. Pineal cells are intimately related to fibres which resemble those of . neuroglia, and there are transitional forms between neuroglia cells and pineal cells. Pineal cells appear to be modified neuroglia cells and pineal cells. In association with the process of involution there may be tumour-like enlargement of the pineal body characterised by proliferation of the pineal cells. In association with hyperplasia of these cells there is no functional disturbance in other organs of the body.—Medical World.

URETHRAL STRICTURE.—A stricture, Peterkin (North-West Medicine, Seattle, December, 1916, No. 12) says, signifies swelling, infiltration, not cicatricial contraction. What is the most



common yet most efficient factor in reducing swelling infiltration? Hot water! Every physician and surgeon, therefore, should remember the efficiency of hot water in treating stricture mechanically; also they should remember the stopcock, the compressor urethræ, is a voluntary muscle, and teach the patient to irrigate the entire urethra under hydrostatic pressure, not with a catheter, it with a glass nozzle, doing this at home, using a very hot mild iseptic solution three or four times daily between mechanical ments and practically discontinuing the same after the anical treatments have ceased. Then note the quick dence of the infiltration, and of the symptoms, and the edd percentage of cures. For strictures that have become and are strictures requiring no delineation, no science as sis, the remedy is operative.—Medical World.

LEMOLYSIS AFTER SPLENECTOMY.—Since the phenonom hæmolysis appears to be intimately associated ecithine or ether soluble activators present in eryparticularly fatty acids and their soluble soaps, and of the spleen has been shown to alter the content of s in the blood the resistance of erythrocytes t and after splenectomy was investigated by Kolmer per. Med., Baltimore, February, 1917, No. 2). He round that the resistance of erythrocytes of dogs to the hæmolytic activity of cobra venom is increased after splenectomy. This increased resistance was observed as early as four days after splenectomy and usually persisted for a period of about three weeks, when the resistance gradually decreased to normal or slightly beyond. The decrease of resistance to the hæmolytic activity of venom for the erythrocytes of splenectomised dogs following the primary increase is apparently coincident with anæmia following splenectomy. An intercurrent infection such as distemper tends to reduce the resistance of erythrocytes to venom. An increased resistance of the erythrocytes to hypertonic salt solutions was found with all the splenectomised dogs in which these tests were made. Increased resistance to hypertonic salt solutions apparently persists for a longer period than the increased resistance to cobra venom. As the lysis of erythrocytes by venom is dependent on the presence of certain lipoidal substances within the cells, and as the spleen may exercise an influence over the lipoidal contents of corpuscles and serum, it is suggested by the author that the increased resistance of erythrocytes to the hæmolytic activity of venom after splenectomy is due to alterations in the lipoid content of the erythrocytes.



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British Journal of Surgery (The), January.
1917. Vol. 4. No. 15. Folio, pp. 187.
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1 1

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Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

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LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

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BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Med. Advance.—The Chironian.—La Hom copatia.—Ind. Hom. Rev.—Hom-Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.—L Omiopatia in Italia.—N.A. J. of H.—New Eng. Med. Gaz.—L'Art

Médical.—Annals de Med. Hom.— Hahnemannian Mon. — Pacific Coast Journal of H.—Journal B.H.S.—Calcutta Jour. of Med. -Le Propagateur de L'Homœopatie.—Fran Homöopatiens Värld.—Journal of the American Institute of Homeopathy.-Indian Homocopathic Reporter.— La Critica.—The Homœopathician –Iowa Homœo. Journal.— Homeopathisch Tijdschrift.

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"Lux in Tenebris." By George Burford, M.B.

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THE

HOMŒOPATHIC WORLD.

JUNE 1, 1917.

A HOMŒOPATHIC ASSOCIATION FOR INDIA.

JOURNALS from other countries in these times are often delayed or hindered in arrival, so that it happens that only now has the news reached us of a very important proposal for Indian Homeopathy. comes very suitably just as our own Association is presenting its Annual Report, for it is concerned with the formation of a similar body for the Indian Empire. Our readers are no doubt aware that Indian Homeopathy has a considerable and (we believe) an increasing sphere of useful activity in India, and the formation of this Association will do much to unify effort, to prevent overlapping and waste of energy, and to give that sense of comradeship so stimulating to a militant minority. The proposed Association will have its headquarters in Calcutta and will (like our own body) be open to lay as well as to professional homeopathists. Its objects are those we should expect, teaching, propaganda, aid for Hospitals, and, not least, work at drug proving. We are sure every reader of the "WORLD" wishes well to the Indian Homeopathic Association.





NEWS AND NOTES.

Major Rowse's Promotion.

Our readers will one and all congratulate our colleague whom we last knew as Major Rowse on his promotion to Lieutenant-Colonel. He is stationed at Malta, now head of a hospital of 3,000 beds. So that his new rank clearly is no idle honour. Our best wishes go with him!

SUCCESSES OF AMERICAN HOMÆOPATHY.

WE take the following from the N.E. Medical Gazette, and congratulate our friends in America most heartily on their success.

" State Board Statistics for 1916.

"In last year's May issue we commented upon the excellent showing made in 1915 by graduates of Boston University School of Medicine before the various examining boards throughout the country. In that year Boston University led, the group of Massachusetts

medical schools in all departments.

"The statistics for 1916 are now at hand, and again we may well be proud of the results obtained by Boston University graduates. Among those graduated in 1916, Boston University had no failures, Harvard had 4.3 per cent. failures, Tufts 5.4 per cent., and the College of Physicians and Surgeons 53.8 per cent. The figures concerning all candidates examined regardless of the year of graduation, are a little less favourable; here Harvard leads with 7.1 per cent. failures, but Boston University is a very close second with 8 per cent. (this represents two failures, one in Massachusetts and one in New York), Tufts is third with 14.1 per cent., and the College of Physicians and Surgeons follows with 61.0 per cent.

"At the Massachusetts examination held in November, 1916, the highest mark given (84.7 per cent) was secured by a graduate from Boston University. Fifty-

four candidates were examined at that time.

"As splendid as the showing of Boston University was in 1916, it is, nevertheless surpassed, among





homeopathic schools, by the Hahnemann Medical College and Hospital of Philadelphia, whose record of no failures among all graduates is truly remarkable."

FLIES.

Now that the summer at last shows signs of coming, the following suggestions of the U.S. Government may prove useful:

Recipes for Killing Flies.

The United States Government makes the following suggestion for the destruction of house flies: Formaldehyde and Sodium salicylate are the two best fly poisons. Both are superior to arsenic. They have their advantages for household use. They are not a poison to children; they are convenient to handle; their dilutions are simple and they attract the fles.

Preparations of Solutions.—A Formaldehyde solution of approximately the correct strength may be made by adding three teaspoonfuls of the concentrated Formaldehyde solution, commercially known as Formalin to a pint of water. Similarly, the proper concentration of Sodium salicyate may be obtained by dissolving three teaspoonfuls of the pure chemical (a powder) in

a pint of water.

The following container has been found convenient for automatically keeping the solution always available for flies to drink. An ordinary, thin-walled drinking glass is filled or partially filled with the solution. A saucer or small plate in which is placed a piece of white blotting paper cut the size of the dish, is put bottom up over the glass. The whole is then quickly inverted, a match placed under the edge of the glass, and the container is ready for use. As the solution dries out of the saucer the liquid seal at the edge of the glass is broken and more liquid flows into the lower receptacle. Thus the paper is always kept moist.

Other simple preventives.—Any odour pleasing to man is offensive to the fly and vice versa, and will drive them away.

Take five cents' worth of oil of lavender, mix it with the same quantity of water, put in a common glass atomizer and spray it round the rooms where flies are.



[Homoeopathic World, NEWS AND NOTES.

In the dining-room spray it lavishly, even on the table linen. The odour is very disagreeable to flies but refreshing to most people.

Geranium, mignonette, heliotrope and white clover are offensive to flies. They especially dislike the odour

of honeysuckle and hop blossoms.

According to a French scientist flies have intense hatred for the colour blue. Rooms decorated in blue

will help to keep out the flies.

Mix together one teaspoonful of cream, one of ground black pepper and one of brown sugar. This mixture is poisonous to flies. Put in a saucer, darken the room, except one window and in that set the saucer.

To clear the house of flies, burn pyrethrum powder. This stupefies the flies, but they must be swept up

and burned.

Recipes for Stables, Barns and Out-of-doors.

Borax is especially recommended around farms and One pound of borax to twelve bushels of out of doors. manure will be found desirable as a poison without injuring its manurial qualities or farm stock. Scatter the borax over the manure and sprinkle with water.

Lye, chlorid of lime, or copperas (sulphate of iron) dissolved in water, crude carbolic acid, or any kind of

disinfectants may be used in vaults.

LIEUT. ALAN FAIRLIE NEATBY, M.C., D.C.M.

It will be of interest to readers of the "Homæo-PATHIC WORLD," to learn that the second son of Dr. Andrew Neatby, of Renown, Saskatchewan, Canada, late of Sutton, Surrey, and still a member of the British Homoeopathic Society, has gained the D.C.M. and the M.C. in the fighting in Flanders and France. Alan Fairlie Neatby, being then nineteen, enlisted in February, 1915, as a private, in the Princess Patricia's Light Infantry, and has now been nearly two years on the Continent. In November last, being by that time a corporal, he won the D.C.M. for "conspicuous gallantry and ability during an attack in handling Lewis guns. Isolated with his detachment, from his company, he guided his men through unknown and

heavily shelled country for nearly a thousand yards, placed his guns in advanced shell-holes commanding the enemy's trench and ground behind, and remained there for twenty hours until the trench was finally taken." Soon afterwards he received his commission as lieutenant (there are no second lieutenants in the Princess Pats), and the latest news is that he has gained the further distinction of the Military Cross. The details of the exploit by which he has earned this last decoration are not yet to hand.

THE ADRENAL GLANDS IN PNEUMONIA.—Now that pneumonia has ceased to be regarded as a pulmonary affection alone, and has been properly recognised as a severe toxæmia, the analytical memoranda for which the latter-day journals readily find place have devoted themselves to the discussion of the most rational method of attack upon the hitherto unchallenged "Captain of the Men of Death." The observations of earlier physicians have coincided with the conclusions of the most modern research workers in that the circulatory system is, perhaps, the most frequent medium through which the full results of a devastating infection manifest themselves, and, where formerly the point at issue was concerned with the selection of the proper drug to meet the circulatory failure, now the importance of an uninterrupted supply of glandular secretions has urged the necessity of ascertaining what part of this obscure system is at fault in the final stages of pneumonia. The blood pressure in the whole period of infection is lowered, and, while a previous over-production of adrenalin is probably always present as a result of the great stimulations of the adrenals that the infection must lead to, the fleeting effects of the active principle and its speedy destruction in the body, leave the system poorer than ever in its most valuable The work of Crile teaches that severe means of defence. emotional strain, great pain, and severe toxæmia are all factors concerned in the over-stimulation of the adrenals. factors, at least, can be easily controlled by a vigilant and intelligent attention, and it is, perhaps of greater value to attend to these important points in the early stages than to seek in adrenalin administration the best way of combating the loss of an accustomed tonic. In the latter stages of the infection adrenalin is of greater use than at any other time, for, as it is pointed out in a recent number of American Medicine, the failures which are advanced as proof of the powerlessness of the drug to effect any change, are usually found to have arisen from the incorrect and unwise throwing away of the adrenalin effect by administering the drug too early, and thus leaving the defence nothing to fall back on when the patient is most in need of a powerful and hitherto untapped source of help.—Medical Press.



Homosopathic World.
June 1, 1917.

ORIGINAL COMMUNICATIONS.

THE THERAPEUTICS OF THE INTERNAL SECRETIONS: CASES CONTRIBUTED BY HOMŒOPATHIC PHYSICIANS.

WITH AN INTRODUCTORY NOTE BY DR. BURFORD.

THE Validation of Internal-Secretory Therapeutics is in the success of Internal-Secretory prescription. The laws which specifically express the therapeutic powers of the internal secretions, and under the ægis of one or another of which all internal secretory curative work comes are:—

I. Arndt's Law. "Weak stimuli kindle life activity, medium stimuli promote it, strong impede it, and the

strongest stop it."

This, which may be summarised as the Law of the Dose, is illustrated in Internal Secretory Therapy by dicta such as that of Leonard Williams, "You can produce the symptoms of thyroid insufficiency by over-doses of thyroid extract"; and again of Ewen Waller, "Nocturnal enuresis frequently yields to small doses of thyroid extract: it is often made worse by large doses": and further, "The thyroid presumably in some way enables the body to make use of the available calcium supplies. But in Graves' disease, or under the influence of excessive thyroid feeding, there is an excessive elimination of Calcium."

II. Hallion's Law. "Extracts of an organ exert on the same organ an exciting influence which lasts for a longer or shorter time. When the organ is insufficient, it is conceivable that this influence augments its action: and when it is injured, that it favours its restoration." This may be summarised as one of the Laws of the Selection of the Remedy. The greater part of internal secretion therapy as practically applied at the present day is based on Hallion's Law.

III. Hahnemann's Law. "Similia Similibus Curentur." The totality of the symptoms, and not the diagnosis of the particular gland defect, is made the



basis of the selection of the internal secretory remedy. This imparts not only a necessary specificity to the selection of the remedy, but also amplifies the scope the remedial choice. As to the values of Hahnemann's Law, in internal secretory therapy, where Hallion's is in defect, there may be cited as evidence the statement of Leonard Williams: "To treat the patient and not the disease is of course one of the therapeutic aphorisms which we save in speech and neglect in practice But he who neglects it in the presence of Graves' disease, will fail where he might "Thyroid has succeed." Also of Macleod: specific action on psoriasis: there must be some individual peculiarity which causes the disease in certain cases to respond to the remedy."

I have been honoured by a number of my colleagues with accounts, in varied amplification, of hitherto unpublished cases where internal-secretory therapy has been utilised by them with successful results. Their permission for publication has been courteously signified, and the clinical work thus embodied is highly interesting.

I.—Case of Myxœdema, contributed by Dr. George Scriven, of Dublin.

Miss E. F., æt. 50.

1902. May 7th. Supra-clavicular swellings at night, hair getting thin, "numb" sensations in head, "sick hunger," constipation; weight at epigastrium; breath short on exertion. (?) Myxædema—Arsen. Iod. 3x.

May 26th. Dr. Beatty considers disease is Myx-cedema.

June 20th. Swellings come and go; hair falling; Calc. Iod. 3x.

July 18th. The same—swellings less, hair condition worse. Extract Thyroid grs. $1\frac{1}{2}$ twice a day.

Aug. 1st. Says medicine made her feel "sore" all over, with throbbing headache—thinks swellings are less—sleeps better. Rep. tabloid once a day.

Oct. 17th. Has been bathing in sea—feels much



better—swellings smaller—hair not falling—head well —sleep_improved.

Jan. 7th. Better all round—can walk much 1903. more—no supra-clavicular swelling—sleep better. Rep. tabloid 1½ grs. every second day.

Dec. 2nd. Has taken no Thyroid since May. Hair

natural, sleep good.

1904. June 20th. Swelling returned over right clavicle—hair falling—otherwise very well. Thyroid extract 1½ grs. once a day.

July 11th. Has been oppressed by heat—otherwise

well. Repeat.

1904. Dec. 19. Swellings returned for two weeks. Repeat.

December 23rd. Much better.

1905. Jan. 13th. Has continued much better pains in joints at night. Repeat twice a week.

July 17th. Headaches and swellings returned.

Repeat every second day.

1906. June 27th. Again return of swellings feels "stupid." Repeat every day.

Since above date, all symptoms of Myxædema

improved.

1909. Mar. 24th. Scirrhus tumour removed from breast by Surgeon Heuston. The signs and symptoms of myxædema were all absent.

II.—Contributed by Dr. Midgley Cash, of Torquay.

Cases of Goitre.

- (I) Adéle H., æt 16, seen at Dispensary. Has an enlarged Thyroid, full and soft, swells up at the Catamenia. Heart's action strong and Thyroidin 5x, 3 drops given thrice daily. After continuing this treatment for five months the Goitre had much diminished, and had ceased to exist as a distinct swelling. There only remains some fullness of the neck.
- (2) Mrs. S., æt 34. Patient shows a firm hard goitre, size of a goose egg; this has existed eight years. Thyroidin 3x, two grains given thrice daily. After four weeks treatment no great improvement. Swelling much the same. Spongia 6 was then prescribed for





six weeks, when the goitre had become very much smaller, and the patient much better in herself.

Case of Ataxic Paraplegia, due to Disseminated Spinal Sclerosis.

This was a lady of 63, with symptoms coming on gradually for over three years. After many remedies had been tried without much effect, I prescribed Lymphoid Compound Capsules (Lowenthal) (each capsule contains Extract Lymphodic gland, testes, spinal cord and brain two grains, Glycerophosphate of Iron, gr. ½, Glycerophosphate of Sodium and Calcium, gr. 2). A capsule was given night and morning. After persevering with this for seven months she was evidently, alike to her family and myself, much better.

My notes say:—"Can turn herself much better in bed. Is less restless: various tropho-neuroses such as partial necroses of skin and nails, from which she formerly suffered, became much less frequent and severe. The mental improvement was most marked. General confusion and mental hebetude cleared away. Her interest in family matters, formerly much impaired, now revived, so that as a consequence of her return to her former self the whole atmosphere of the house became much more cheerful.

The severe pain became less. The contractions of the limbs were not affected by the remedy.

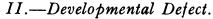
Note by Dr. Midgley Cash: "The results in this case were very satisfactory, and such as I consider would have been difficult—perhaps impossible—to obtain by any other means."

CONTRIBUTED BY DR. EDITH NEILD, OF TUNBRIDGE WELLS.

I.—Developmental Defect.

E. D., age 6, female. A defective of Mongolian type. Under my care all her life. Has had various remedies but for three or four years has taken *Thyroidin* 1x gr. thrice daily for a month at a time, three or four times a year. She has developed beyond expectation, is helpful in the house, and has begun to go to school, where she is attentive, and apparently teachable.





G. B., age 29, female, An imbecile. Under my care several years. At first extremely nervous, screaming if taken where there were other people. Very excitable and difficult to manage. She has taken *Thyroidin* 1x off and on all the time with marked improvement. Is much less nervous. Goes to church and sits quietly. Some mental development has accrued, e.g., will remind her mother of a message. Customers in her mother's shop remark on her increased intelligence.

III.—Cardiac Disease, with Uterine Fibroid.

Mrs. de M., age 49. Mitral Regurgitation (organic, result of acute Rheumatism). Also uterine fibroids causing severe hemorrhage. Has taken Thyroid 3x night and morning for many months. The periods are much less, though still rather profuse, and only last a week, instead of lingering. During my holiday it was discontinued for some reason and (whether propter or post I cannot say) the next two periods were much worse than they had been for a long time. Since resuming the Thyroidin the periods are again under control, and patient is better in herself. The condition of the heart precludes operation.

IV.—Cardiac Disease with Uterine Fibroid.

A. G., 47, female, epileptic. Mitral and aortic stenosis, the result of acute Rheumatism: she has also a uterine fibroid. I was called to see her a year or so ago, at midnight, and found her pulseless with profuse hemorrhage. I c.c. of *Pituitrin* stopped it immediately, and there has been no really profuse hemorrhage since.

CONTRIBUTED BY DR. C. J. WILKINSON, OF WINDSOR.

I.—Semi-solid Swelling over Tibia.

Some years ago, I saw a servant maid (aged perhaps 22), with a semi-solid puffiness over the greater extent of one tibia: it has been deeply incised on the suspicion of periostitis, and a proposal had been made to open the bone and investigate the medulla—in spite of the fact





that tenderness was superficial and nightly pain absent. Two or three weeks under small doses of *Thyroid* extract (say $\frac{1}{2}$ grain doses) resolved the whole trouble. The pulse was characteristically slow.

II.—Adrenalin in Glycosuria.

A lady of about 60 had a carbuncle on the back of the neck. Her urine was found to contain sugar in considerable quantities. I gave her M. iii. of Adrenalin (1 in 1,000) thrice daily for a week or two. I then found that Fehling's solution gave a green precipitate instead of the yellow precipitate of an earlier date. Dr. Watkins endorsed my finding and added that the changed sugar was not pentose. Similar attacks following dietetic follies responded to similar treatment, and the sugar disappeared for varying times. The patient, however, has now passed on from gouty glycosuria to permanent diabetes, and Adrenalin does nothing for her. I regard its action here as quite homeopathic.

CONTRIBUTED BY DR. CLIFTON HARRIS, OF BRIGHTON.

I.—Case of Mental Defect, with Epilepsy and Amenorrhæa.

The patient was a girl of about twenty years who was mentally defective and suffered from occasional epileptic fits and amenorrhoa. Thyroid extract was prescribed and she has taken it at intervals now for some years. It has markedly improved her mental state: and her periods have become regular. I think the dose employed was half a grain three times a day. The Thyroid is discontinued for a time if the heart rate become rapid.

II.—Note on the use of Thyroid Extract in Obesity.

I have also used *Thyroid extract* for obesity with decided results. I generally give gr. $\frac{1}{2}$ three times a day, watching the pulse and discontinuing the drug when the pulse rate becomes rapid.

CONTRIBUTED BY DR. HENRY MASON, LEICESTER.

I.—Thyroidin in Cretinism: Myxædema: Obesity.

I had one case of Cretinism a few years ago, which very markedly improved both in general growth and



intelligence for three or four years, and then died of pneumonia. I have another case of Myxædema who has been under observation for twelve or fourteen years and finds *Thyroidin* of much use to her. It does not reduce her weight apparently, but she always feels better and brighter when taking it. She finds most benefit from the gland fresh from the sheep, very lightly cooked; I have known of two cases who took it to reduce obesity, and developed cancer shortly afterwards—multiple sarcomatous growths. I have used it for psoriasis, but prefer *Arsenic* and other remedies. *III.—Adrenalin in Graves' Disease*.

Adrenalin I have given to several cases of Graves' Disease, and it certainly relieves the symptoms, but I have not seen any case cured by the drug.

CONTRIBUTED BY DR. SPENCER COX, LONDON.

I.—Obesity, treated by heavy Thyroid dosage.

The patient was a gentleman of middle age, in otherwise fair health and daily undertaking arduous professional duties. The trials of *Thyroidin* for the lessening of obesity were made in the spring of three consecutive years. It will be noted that the administration of *Thyroidin* was continued ten to twenty days on each occasion. The results in avoirdupois are appended:—

Observation I. Time, March, 1912. Duration, of trial, twenty-two days,; Dose, ten grains of *Thyroid* gland, given as tablets (B. and W.) thrice daily.

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      1912
      March 2nd Weight 13 stone 7 lbs.

      ,, 10th ,, 13 ,, 1 lb.

      ,, 17th ,, 12 ,, 13 lbs.

      ,, 24th ,, 12 ,, 11 lbs.
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Observation II. Time, March, 1913. Duration of trial, ten days. Dose, as above.

1913 March 18th Weight 13 stone 6 lbs.
,, 28th ,, 13 stone.

Observation III.—Time, March, 1914. Duration of trial, seven days, dose as above.

1914 March 15th Weight 13 stone 6 lbs.



Note by Dr. Spencer Cox.—The household of this gentleman always divined when he was taking the Thyroid, and expressed their objection to the proceeding. The family insisted that it made the patient irritable and depressed. Doubtless they were in an excellent position to judge.

CONTRIBUTED BY DR. REED HILL, IPSWICH.

I. Thyroid in Recurrent Cancer.

Mrs. S., aged 68. Left breast had been removed for Cancer three years previously. A year ago, there was recurrence in the corresponding supra-clavicular glands, followed by growth in the anterior mediastinum, and swelling of left arm. There was also marked pain in the arm and upper left chest. This pain was quite relieved by Thyroid Gland 5 grs. nocte. She also took for a time Suprarenal gland 216 gr. in the morning, but as this ultimately produced sickness it was discontinued—and no value from its administration was evident. She ultimately died, but free from pain.

II. Adrenalin in Menopausic Flushings.

Miss —, aged about 50 years, climacteric flushings, relieved by Adrenalin $\frac{1}{2}$ is gr. night and morning.

Contributed by Dr. March, Reading. Case of Alopecia.

This was a very severe form of Alopecia Areata in a woman of 25, who never even started to improve until she was put on *Thyroidin*. Beginning with $1\frac{1}{2}$ gr. tablets, she eventually took 5 grs. twice daily. She is now nearly well.

CONTRIBUTED BY DR. H. EATON, NEWCASTLE-ON-TYNE.

Thyroid in material doses has of course been extremely beneficial in suitable cases, notably in:—

I.—Case of Myxædema.

A woman, aged 65 years. The symptoms were typical, but of only moderate intensity. She had a pink complexion, large tongue, hair scanty and stiff, stolid expression, moderate amount of firm ædema, slow movements, etc. Dose producing best results,



r gr. B. & W. tabloid daily. Great improvement ensued; there is a definite tendency to relapse if the drug be discontinued more than two to three weeks.

II. Girl of 18 years. Perfectly healthy looking, well-developed, a big, stout girl, the only symptom being dry scaly skin. Great improvement was obtained from 2½ gr. tabloid *Thyroidin* B. & W. one daily ordered at first, afterward taken irregularly.

CONTRIBUTED BY DR. MACLACHLAN, OF OXFORD.*

With regard to Adrenalin, I made use of a solution hypodermically in a case of "cardiac asthma," when the combination of Atropine and Morphine failed, and was from excessive and frequent dosage producing toxic symptoms, especially in regard to the urinary apparatus. Adrenalin brought about a marked change for the better: in fact there has been no attack of "asthma" since I used it, now some months ago. I only gave a few injections at comparatively long intervals; the effects produced being my guide when to give and when not to give. Had it not been for the "craving" induced by the previous long continued use of Atropine and Morphine we would have dropped that entirely also, as we did for quite three weeks after first using Adrenalin. The circumstances of the patient are peculiar, and I have been compelled to allow him the occasional use of Morphine and Atropine, to avoid something worse, but he did not need it, so far as the "cardiac asthma" is concerned. I only wish I had used Adrenalin in the first instance. the time when I commenced with Adrenalin, a (to me) surprising change affected the heart, for the ventricles seemed, about that time, to be physiologically separated from their "pace-makers" the auricles, and went on their own normal half-speed. Whether Adrenalin had anything to do with this change I am not sure, though that substance is said to be one that can produce heart block. Previous to this event the heart



^{*} This case was described last year at one of the Meetings of the British Homoeopathic Society. It is included here inasmuch as it has been rewritten from the point of view of Internal Secretory Therapy for this series by the author.

was very rapid and irregular, but since then, at any rate for long periods, it is fairly regular though slow.

Contributed by Dr. J. Roberson Day, London. I.—Case of Myxædema.

A single lady aged 43, was seen by Dr. Roberson Day some fifteen years ago. She had had occasion some time previously to undertake some stressful nursing, after which her health broke down, and she became obviously anæmic. Sir William Broadbent was called in at this juncture, and the patient was for some time heavily dosed with Arsenic, the diagnosis being pernicious anæmia. From this treatment, which together with the diagnosis was renewed at the hands of two other Consultants, much time was lost and no benefit gained. No histological examination of the blood was made.

The patient then came for some three years under the care of the late Dr. Skinner, who commenced his treatment by prescribing Arsenic 5. The results were unsatisfactory, and the drug in this attenuation upset the lady considerably. She remained under the care of Dr. Skinner for three years and at the end of that time had improved in health considerably. But the improvement was not stable, and at the time of consultation, Dr. Day noted that the patient was breathless on easy exertion, the skin dry and harsh, much of the hair had fallen out, the speech thick and indistinct, the memory bad, words were displaced during conversation, the face was puffy, the features tumid, together with a marked pink flush over the malar bones. The tout ensemble of the patient was characteristic of Myxœdema. Thyroidin was prescribed in doses of one grain, next of two grains, followed by three grain dosage four times in the day. Within a month the generalised benefit was marked: as sensations of faintness had become troublesome the dose was reduced to one third of a grain twice daily. After six months of continuous treatment the patient lost a stone in weight and gradually regained her normal health and strength.



Occasional periods of medication with Thyroidin extract were continued for an indefinite time.

There is notable in this case the intolerance of the mxyoedematous condition to Arsenic. In the hands of both Drs. Broadbent and Skinner the symptoms of myxoedema were algravated by this drug. But the increasing benefit from Dr. Skinner's supervision later renders it probable that a much higher potency of Arsenic was afterward used. It is also noteworthy that during the Thyroidin treatment, a blood examination was made, but no pathological change was present.

II.—Psoriasis cancelled during Pregnancy.

Mrs. E. Has had four children, and whilst pregnant with each child the psoriasis has entirely disappeared. She has had psoriasis for twenty-two years. This illustrates the connection between the skin and the organs of reproduction. Also the psoriasis is always much worse and itches very much just before each menstrual epoch.

(Note by Dr. Burford. A definite hyperythroidism occurs during pregnancy. Just before each menstrual epoch the circulating blood is impoverished in its calcium content. Calcium fixation is one of the functions of the thyroid internal secretion).

COMMUNICATED BY MR. DUDLEY WRIGHT, F.R.C.S.

I have found *Thyroidin* 3x useful in the cases of young boys who show lack of intellectual power, with retarded development of the facial bones, etc., as a result of or accompanying adenoids.

COMMUNICATED BY DR. CASH REED, LIVERPOOL.

I have used *Thyroidin* with every great advantage in myxædema occurring at the time of the menopause. Also with some degree of benefit in a case of infantilism almost amounting to idiocy, the patient being a boy of fifteen.

Didamin has yielded good results in cases of neurasthenia, where the various phobias have been in evidence, or morbid self-sonsciousness, or baseless apprehension of bodily illness, has marked the clinical state.

COMMUNICATED BY DR. HERVEY BODMAN, BRISTOL.

I have on several occasions prescribed Adrenalin Chloride (five minim doses of 1-1000 solution) during convalescence from diphtheria, and I have considered that it had a very beneficial effect on cardiac and vascular tone in this condition.

I have recently had two or three tubercular patients who have made striking gains in weight whilst taking—in addition to other remedies, Carnrick's Kinazyene, containing spleen extract, etc.

COMMUNICATED BY C. S. SPENCER, ASHTON-UNDER-LYNE.

I had under my care a case of troublesome ovarian pain on the right side which was cured by *Thyroidin* 30c, after many remedies had failed. I have recently had good results in a case of Graves' disease, from *Thyroidin* 30c, the pulse dropping from 120 per minute to 96, the patient feeling, as she described it "a new woman."

COMMUNICATED BY DR. F. C. HAYES, OF LEEDS.

In myxœdema *Thyroid* given in doses of from 5 to 15 grains daily seems to me the only treatment at all successful. I have at the present time three such cases under my care, at the Leeds Homœopathic Dispensary, and one in private practice. Of course, the treatment is continuous.

I have used Adrenlin internally with benefit in a case of Raynauds' disease, which improved greatly under Adrenalin 3x, given thrice daily.

COMMUNICATED BY DR. E. A. HALL, SURBITON.

I have given *Thyroidin* 6x in cases of Graves' disease, in young patients, when the disease was not advanced, and in some instances it has proved very useful. In elder people, where the malady was advanced, I have not found the drug of any service. *Adrenalin* I have chiefly used in cases of acute asthma, hypodermically, to relieve the severe dyspnæa, and I have found it act well.



COMMUNICATED BY DR. F. NANKIVELL, UPPER NORWOOD.

I have employed *Thyroid Extract* in tabloids in (1) Goitre, one tabloid being given thrice daily for weeks or months, as cases required, and with decided benefit. Also I have presented this remedy in (2) Arrested or defective development in young persons: here it has been continued for long periods.

SCOPOLAMINE HYDROBROMIDE: PROVINGS AND VERIFICATIONS.*

By ROYAL E. S. HAYES, M.D., Waterbury, Conn.

MIND; sense of propriety lost; kicked up his heels and laughed loudly on the street; walked into-patient's houses, going through the rooms without removing his hat; at toilet, without closing the door, spread feet apart and urinated noisily; laughed loudly at people on the street; when meeting a person on the street, he stopped and turned, following him with his vision, a long distance up the street. (Verified in two cases of nervous exhaustion.)

In his writings, he afterwards found a jumble of unintentional statements, interspersed with paltry correct statement. Events of the day, or whatever happened to pass through his mind, ran off at the end of his pen, instead of what he had intended to write.

Condition of dreaming while yet awake. Unable to hold his thoughts to the subject in hand. During conversation branched off to other topics having no connection with the subject under discussion.

Answered first part of a question correctly but before ending would ramble out ideas quite foreign to first statement.

At times suddenly realised that he had been talking nonsense, and asked what he had just said. The same feature was noticed in writing, the early part of a sentence being correct, the ending dealing with something else.

* Proceedings, I. H. A., 1915.

Bearing as of one intoxicated with alcohol. (People were convinced that he was drunk.)

Loud laughing especially when mistakes were pointed out. Unconsciousness. Swooning, especially when rising, after having lain in bed a few hours. (1st, 3rd and 3oth.) When consciousness returned, unable at first to tell where she was; unable to remember when and how she got to bed. Found herself lying on a rug beside the bed, after rising sometime during the night (3oth.)

Cheerfulness; usually cheerful and animated. Mind unusually clear and active, as if stimulated by wine and by company. Expression lively. Speech lively; desired company so she could talk and be sociable. Sober spirits, at first cheerful; later, dull and sober. Expression careworn and sad. mental suffering. Aversion to company. Dull, silent. Restlessness; wants to be moving and employed. Uneasiness. Sadness. Forsaken attitude, as if everybody was against her. Crying easily; tearful resentment at supposed slights. Disposition mean. Destructive; impulse to smash things without provocation. Irritated at trifling mishaps. Felt mean towards people; thought they felt the same towards her.

Hallucinations: sees faces and people, men and boys

when closing eyes.

Sensorium and Nerves. Intoxication sensation, as from alcoholic spirits, mind clear, legs unsteady, staggering without dizziness, sense of location uncertain; obliged to grasp support to hold herself still, and would stare so she might gauge location and distance of things. The classic "lamppost" condition. Fell into bed helplessly, when attempting to get in, as if pulled forcibly into bed. Pupils dilated. Intoxication. Became unconscious after staggering about the room a few steps, after rising. Sensation as if not walking-straight, on street; as if would pitch toward companion beside her; controlled with effort.

Sensation not definitely nausea, dizziness nor faintness; a blend of all three, centering in the "solar plexus" and extending upward and backward through



the spine to head, especially the occiput; as if the spinal cord and solar plexus were sick and faint and the lower brain were dizzy.

Tends to go left. Unsteadiness; tends to walk to left. Dizziness. Lost sense of balance, while going down street on roller skates; and was compelled to grasp fence for support. Quickly recovered and went on. Swooning. Complexion rosy and normal as usual. Slight tipsy sensation occasionally, on eleventh day of two-hour dosage with the 30th. Fell to floor with intoxicated sensation when rising that night. "It felt good to lie there," although floor was hard and room cold.

Slept on floor until morning.

Symptoms continued two weeks after dosage was

stopped.

Staggering, as if intoxicated. Fell sleep quickly, after staggering to bed. Unsteadiness, without dizziness, when rising, in morning; disappearing after a few minutes. Dizziness < in occiput. When rising from sitting. Paroxysms while sitting. Staggering when rising from sitting. Vertigo with sick, faint sensation, continuing two weeks (30th).

Vertigo, nausea and faintness when rising; as though dizziness, not nausea, in stomach. Head sensation like a dead weight In waves, with mind clear; > effort of will.

Faintness: pulse becomes slower and pupils dilate, as faintness increases. While sitting; > moving about. With nausea when rising. Sensation of faintness and nausea; > lying on abdomen. Faintness in waves; a passing senseless condition, as if "gone;" mind clear; body faint. Tired all over.

Head. Headache; stitching pain over right eye, at first, then, dull, sore pain in forehead and fore part of vertex; > lying; disappearing when going outdoors; returning when entering house; re-appearing at II a.m. and continuing until she went out, at noon, subsequent days.

Headache; entire head; sensation sharp, yet heavy, as if head were a dead weight, as if it were a large heavy ball flopping and rolling on its cervical

attachment. Overcome with effort of will. Disappears when lying. > by gushing menorrhagia; in temples, while reclining, transferring to root of nose, when upright; cutting when bending forward. > cold air or cold washing, forehead and eyes dull pain, forehead and temples squeezing sensation, as if being squeezed with hand; inclination of head to fall forward. Vertex, dull sensation, as if not clear. Sharp pain over left eye. Perspiration of forehead sticky, after drinking warm tea: during menstruation, only.

Eyes: pupils dilated (all provings), and pulse becomes slow when faintness appears; whenever unsteadiness appears (all provers). Morning disappearing gradually, after a few hours. Widely dilated and pulse 58, without other symptoms.

Eyelids, sensation of stickiness, as if sticky in spots (same in throat, in another prover). Upper lids, sensation of stickiness. Eyeballs sting as if dry. Eyes, dull ache. Conjunctiva congested; pupils dilated; bulging sensation; objects blurred; compelled to stare to see.

Left eye, sensation, as though veil interfering; later, changed to right eye; > rubbing. Vision blurred. Black ink appears to be red, when writing; letters appear to dance while reading: even two inch letters. Vision becomes blurred; objects appear too far away. Golden specks (with staggering); vision darkened and she swooned. Golden specks floating; golden specks seen as if over right eye when rising from bed.

Flashes of blue-white light, rays of light going from a center, like the spokes of a wheel, or like sparks seen after explosion of certain kinds of rockets, when lying in a dark room, with lids closed. Single objects appear to move, always from right to left; > when looking directly at them. Photophobia; cloudy outdoor light seemed sharp and harsh.

Ears: no symptoms.

Nose: Dryness of the membrane; sneezing, with dry cough. Left nostril, "stuffy," with watery discharge; Watery discharge from right. When lying the left nostril closed; right open having watery



discharge. Right nostril, obstruction with watery discharge; left affected later; open when lying. Pain at root of nose when upright; in temples when lying. Ulceration of left nostril; sensitive and sore. Hard crusts detached.

Face flushed. Pale countenance with lines of care and age; puffed, tired expression, as if just waked from sleeping off a spree. Cheeks warm subjectively. Cold hands agreeable to cheeks. Lips dry burning, as if had been riding against cold winds. Sleepy expression.

Mouth: taste offensive, bitter, as from iron solution, i.e., astringent. Bitter in mouth and throat; bad taste when eating; food does not taste good, tastes dry. Mouth fills with saliva. Tongue, soreness under,

tip sore.

Throat: dryness of throat and nose without thirst, when eating or drinking. Cold dryness. Sensation of dryness, as if there were sticks in it, or as if small surfaces were sticking together (see eyelids). Dryness of back of throat, after vomiting. Throat dry, from time of waking in morning until midday, returning at 5 p.m. Posterior pharnygeal wall dryness, with an oblong area of redness an inch long by half-an-inch wide. Soreness and sensation of dull scraping, when swallowing cold water. > by swallowing ice cream; > by swallowing any warm drinks, but prickling afterwards. Throat dry and swollen, stings and burns. Red on right side. < right side. Cutting in throat, when swallowing warm drinks. Cold drinks agreeable. "Light" sensation in throat, could not describe it differently. Nausea felt in throat.

Stomach: appetite impaired, aversion to food, absence of appetite; loathing at sight of food. Ate and drank nothing during four days, without undue weakness. Ate sour food only, later; grape fruit, tomatoes, cranberries, etc. Sensation of emptiness one hour after eating. Nausea constant, when rising from bed, intermittent; nausea caused by odour of food; sensed in stomach, chest and throat; from stomach up through body to back of head. Thirst lacking. Quantity of urine increased. Eructations copious,

tasteless. Vomiting: preceded by waves of faintness or momentary sensations, as if "gone," followed by nausea. Forcible, projectile. Recurrent paroxysms with chilliness. < when warm in bed. > while remaining uncovered and chilly.

Abdomen. Sensation of balls of slime rising in upper abdomen when vomiting. Sensation of empty ball, size of fist, several days. Bloating intense. > after expelling quantity of flatus; < towards evening. trembling in abdomen, between vomiting paroxysms. Soreness. Pain along ascending colon, after vomiting. Aching in umbilical region; > outdoors. Aching pain preceding diarrheeic stool. Intestinal sickness. > lying on abdomen. Intestinal and rectal urging to stool. Tympanitic abdomen, awake at midnight with it; small gripings, followed by vomiting.

Rectum. Diarrhæa; stools thin, fecal, light brown. Watery, forcibly squirting; sour odour, preceded by nausea and griping; burning heat when covered; chilly with least exposure. Stools watery with offensive flatus, at night; preceded by ache in abdomen. Stools loose, mornings. Lump of yellowish brown, frothy mucus, about 4 by 2 by 2½ in. preceded by flatulence and ache in abdomen extending down front of thighs. Stool large, smooth, slips rapidly out of rectum; felt like hard, smooth bullet. Flatulence, especially with formed stools. Flatus copious, odourless; unable to retain when stooping. Ineffectual urging. Rectal and intestinal urging constant.

Urinary tract. Urine increased in quantity (no thirst nor drinking); Urethra burning, when voiding. Copious; later, scanty. Unable to retain urine when coughing, sneezing or laughing. Urination delayed for thirty-six hours, apparently suppressed; bladder tympanitic. Urination seldom, scanty and burning.

Female Genitals. Sexual desire increased; later, diminished. Aversion to approach. Menses eleven days early; painless (always had "cramps" with regular periods). Blood black, thin and slimy. Scanty, black, clotted, offensive; later, copious and bright. Menorrhagia in gushes: headache > by it.

Larynx and Trachea: Hoarseness caused by parched



membranes. Dryness of nose and throat. < eating and drinking. Thirstless.

Cough and Expectoration: Cough dry, after waking in morning, dry, morning in bed. Breathing suspended; distressing, compelled to rise and force it voluntarily.

Heart and Pulse: Pulse, 58-60, intermittent, 92-98 irregular. Irregular in rhythm and volume. 68, irregular (two weeks after 30th potency discontinued); full, soft, when lying; quickened, small and soft, after rising. Slow and soft during faintness; slower; pupils more dilated, as faintness increases.

Back: Neck, shoulders and arms tired and heavy. Back of neck hurts when rising, or moving it forward; > bending backward; sensation as if sprained, tight drawing. Chilliness; lumbar region, slowly creeping waves, extending to middle of thighs posteriorly.

Extremities: Left shoulder dull ache, extending to neck and down arm. Arms weak, left, pain. weakness, as if in bend of knees; weary or slightly unsteady, as if would give way. Gait staggering; groping with hands and staring. Ataxia, flexors of lower extremities especially affected; foot came down with hard thump; dropped with unexpected jerk, when attempting to sit down. Lifting foot high, when walking, as if intending to step over something. Incoordination of muscles. Lower extremities, restlessness. Aching, extending down front of thighs from abdomen, before stool. Hands trembling, skin cold and dry. Fingers felt wooden when scratching scalp. Palms moist and hot. Perspiration of palms, between fingers, finger-tips. Hands and skin cold. Feet: offensive perspiration; heels cold, soles hot, perspiring.

Sleep: sleepiness while sitting; awake while lying; preferred to close eyes. Started up and stared about after lying. Desire to lie and sleep. After sleep mental symptoms >. Yawning without satisfaction; mouth fills with saliva, eyelids with tears; opens mouth and stretches widely, bût it cannot get to bottom of it." Dreams, in first getting sleep, of coming to watering trough and dipping her baby in cold water; as

he caught his breath she did the same, waking suddenly.

Cold and heat: Cold; hands and skin. Chilly, desires unusual covering. Skin cold; < motion. Cold (not chilly) wherever cool air touches. Morning in bed, with relaxation and weariness. Chilliness when vomiting. Internal > least uncovering. > motion. Burning heat when covered in bed; chilly from least.

exposure. Aversion to cool draught.

General: Toxemia affects nerve-centres primarily. Remarkable similarity to familiar symptoms of alcoholic intoxication. Tipsy condition. Comatose sleep, or coma appearing like ordinary sleep; like, some condition of uremia. Unusual control of symptoms with exertions of will. < rising after lying a long time. > after sleep. Langour: desire to lie and sleep. Fidgetiness; desire to move when attempting to remain quiet. Relaxed and tired. Small, cutting pains all over. Emaciation: lost fifteen pounds during two weeks (30th). Aggravation indoors.

VERIFICATIONS.

Woman, aged eighty-seven. Hallucinations; saw people coming in room and peeping at her; saw faces. Frightened, hid face in pillow. Thought she would be killed; shook with fright. < nights. > after sleep. Scopol-hydrobr. 4th, 3 hours. Quickly relieved.

Man, exhausted with business. Faintness, dizziness; weakness in paroxysms; pulse, slow, weak; slower as faintness increased. Pupils more dilated as faintness increased Gait unsteady, compelled to lie down, sensation of intoxication. Symptoms considerably modified by will power.

Scopol-hydrobr, 5th, I dose.

Relief in a few minutes, and next day went on working better than he had during the previous two weeks.

The same man collapsed, three weeks later, from constant over-working. Return of symptoms with nausea, dizziness; < rising or quick change of position. Occiput, sensation of dizziness extending down spine. Confusion of perception of objects and location; >



while smoking slowly. Earth seems to shift here and there. Reason intact. Scopol-hydrobr. 5th, I dose.

Same magical effect as before.

A dressmaker, who had sustained a long period of trying work complained of back of head aching, day and night; dull gnawing; < outdoors. Aching all over; < upper extremities. Sleepiness, evenings wide awake until midnight; waking with a start; waking after two hours' sleep as if entirely rested and desiring to rise. Tired in mornings. < outdoors. Depressed, as if something dreadful would happen. When walking, she turned in the direction taken by anyone who approached her. Unsteadiness, without sensation of dizziness when walking about room. Compelled to grasp support when passing through an entrance.

Scopol-hydrobr. 5th, I dose.

Reported symptoms passed quickly, and she is better all over.

Young married woman. Neurasthenic. Pitching forward when walking. Stomach tired, dizziness arising from stomach. Sensation of nausea up to occiput. > cold water in mouth. Craves cold in stomach. Dizziness when seeing objects move; compelled to look elsewhere to avoid turning in the same direction. Throat dry. Head pressing pain. Aching above left eye. Feet numbness. Skin cold; gooseflesh. Hands move involuntarily. Sleepless till 4 a.m,

Scopol-hydrobr. 30th, I dose. Relieved promptly

Woman of sixty-five. Urine always 1010 or lower; became scanty, trace of albumen, toxic symptoms. Objects appear crooked., staggered backward and fell, when attempting to sweep room. Sensation of excitement and hurry. Fearing collisions, dreads to have anyone come towards her. Fear of crossing street. Head, confused sensation. Weeping at times. Nausea extending up to head. Dizziness

Scopol-hydrobr. 200, I dose

Built up the health as an antipsoric.

Woman, exhausted by protracted nursing. Walks from side to side on street. Compelled to put each foot





down carefully and bear weight on, slowly, before taking another step, after rising mornings. Hallucinations of ribbons hanging in front of her, pushes them away with hand.

Watchmaker Nervous exhaustion, swaying, knees and hands shake, as from alcoholism. Unable to do fine work.

Scopol-hydrobr. 7th. Relieved.

Another man. Head struck on iron bar. Dazed, dizzy. Coughing up blood.

Scopol-hydrobr. 7th. Relieved.

Man makes provings of commercial forms of alcohol for his own satisfaction. Struck attitudes, making gyrating gestures; slumped into chair, sidewise; told his story about desiring to quit sprees, etc.

Scopol-hydrobr. 5th.

People, who saw him, remarked how much better he appeared when he left, a few minutes later than when he entered the office.

The symptoms "white flashes" verified many times.

Cures recent and remote effects of alcoholism; many cases.

Locomotor ataxia; a case materially benefitted.

A better description of *Scopolamine hydrobromide* in the *rôle* of a remedy can be made after it has been more extensively used, but it is already certain that it is effective within a narrow range.

The similarity to the effects of alcohol, both recent and remote, is remarkable.

It corresponds closely to the effects of strong poisons introduced into, or generated within the physical body; to manifestations of uremia, and acute nervous exhaustion.

The central effect is shock. To fix this in mind, it may be coarsely compared to other shock-remedies; Arnica, shock-effect is like a blow; Strontium, like crushing; Lecithin, like shattered emotions, etc., Scopolamine hydrobromide pre-eminently like poisonous drugging and dissipation of voluntary nerve-energy.





HOMEOPATHY IN MONTREAL.*

By Dr. A. Griffiths.

The late Dr. Arthur Fisher was probably the pioneer in this city. He was at one time a lecturer in McGill University: taking a post-graduate course in Germany he met the late Dr. Drysdale, and after many discussions was prevailed upon to try Homœopathy. He followed with practical demonstrations in London and returned to Montreal in the early fifties, an ardent disciple of Hahnemann. He was a man of eccentric habits and of striking character. He died but recently at ninety-nine years of age.

In June, 1863, a homœopathic dispensary was started. Such names as Dr. John Warless, Dr. Muller, Dr. Thos Nichol, Dr. Peterson, Dr. Barber and Dr. Utley appear amongst the early records.

In March, 1865, a charter was obtained from the Quebec legislature granting full powers to the Montreal Homœopathic Association to establish a Dispensary, College and Hospital, also giving the important privilege of examining and licensing homœopathic practitioners. From 1883 to 1893 no meetings of the Association were held.

In 1890 Dr. Hugh M. Patton, a son of ardent homeopathic adherents, graduated from McGill College in In 1891 he graduated from the New York Montreal. Homoeopathic Hospital College. Here he met Dr. A. R.Griffiths, a former Canadian, who had studied at Ann Arbor and graduated with Dr. Patton in New York. Dr. Patton returned to Montreal and started practice In 1892 he was followed by Dr. Griffiths. Activity in homeopathic circles began at once and in 1893 a dispensary was opened by the association conducted by Drs. Patton and Griffiths. A petition was presented to the Royal Victoria and General Hospitals asking that Homeopathy be recognised and given a certain This was denied. Then a patient of number of beds. Dr. Patton offered \$10,000 toward purchasing a hospital for homœopathy. A property was purchased at 44, McGill College Avenue. Committees were

* We owe this interesting article to the kindness of Dr. Macfarlan.





formed and the large and commodious old house was soon transformed into a neat little hospital. A Woman's Auxiliary was formed and this organisation has been largely responsible for the continued success of the hospital. On October 2nd, 1894, the hospital was formally opened—the Lord Bishop of Montreal conducted an imposing ceremony in the presence of a large number of prominent citizens. In 1896 a large wing was built. In 1900 Miss Moodie purchased three adjoining houses and more private rooms and a maternity department became available.

The first president was Samuel Bell; treasurer, Joseph Gould; Committee of Management, Lady von Horne, Mrs. Hector Mackenzie, James Baylis, Dr. Warless, Mrs. W. B. Lindsay, Mrs. H. Thomas, Mrs. R. C. Fisher; Secretary, Mrs. M. E. Baylis. Medical staff consisted of Dr. Warless, Drs. H. M. Patton, A. R. Griffiths, Wm. G. Nichol and T. S. Wetal.

Some of these workers are still active, but most have long since retired. After years of faithful work Dr. Patton died greatly regretted by a large *clientèle*. In 1904 the hospital was incorporated and now has a separate organisation with Dr. A. R. Griffiths Medical Superintendent.

Private rooms are open to all schools. A much more friendly feeling has developed. A number of new homeopathic physicians come to the city. Homeopathy has made great strides in the past twenty-five years. Canada is going to be the coming country—after the war.

Any homeopath who can qualify in Quebec province is entitled to try the Dominion Council—a mixed Board. This licence will entitle him to practice anywhere in Canada. Some splendid openings in the West. The early days meant many days of long hours and persistent work We need some energy now for we expect to build a new hospital in another year or two.

LONDON HOMŒOPATHIC HOSPITAL.

REPORT OF THE SIXTY-SEVENTH ANNUAL GENERAL MEETING OF THE GOVERNORS, SUBSCRIBERS AND DONORS.

THE Annual General Meeting of the Governors, Donors and Subscribers of the Hospital was held on Monday, March 19th, 1917, in the Board Room of the Institution, the Right Hon. the Earl of Donoughmore, the treasurer, presiding.

The Rev. Mr. Bedford—in the absence of the Chaplain, the Rev. H. Stork—having opened the meeting with prayer, Mr. W. Hammond, the Assistant Secretary, read letters of regret from those unable to be present.

Following the reading of the notice convening the meeting, the minutes of the last Annual Meeting were

confirmed, and signed by the Chairman.

The Chairman, in proposing the adoption of the Report and Accounts—which were taken as read—said the work of the Hospital had certainly not been less than in previous years, and that it had carried on its work in its old traditions. Apart from what he might call their normal work, the Hospital was doing a work of national importance, in the fact that the seventyfive beds, which had been reserved for the Navy, been constantly filled during the year, and that they had been able to make arrangements to take in naval officers in the paying wards. They had no less than forty of their nurses who were serving in military hospitals, and one in particular—Nurse Breeze—he congratulated most warmly on having received the highest honour given to her profession, the Royal Red (Cheers). She joined that Hospital in 1901, and she was one of two of their nurses who were on board the hospital ship Asturias, which a German submarine mistook for a transport outside Havre in the first year of the war. (Laughter). Subsequently she was sister at the Cambridge Hospital at Aldershot, and now she was "somewhere in France." They would have noticed from the appeal which had been issued that they must have a sum of £16,760 by next December to





carry on the work properly. This was one particular aspect of finance which he wanted to bring to their notice and which he would ask them to bring to the notice of their friends, that the amount of annual subscriptions did not bear the proportion of the amount of the total expenditure of the Hospital that they ought That in order to really put the Hospital on its legs it would be a much sounder thing financially and would obviate the necessity of these special appeals, if they made an effort to build up the numbers of their annual subscribers. Their annual subscriptions at the present moment amounted to about £1,800 only, and that was not a fair proportion to their total Really what it came to was this—if expenditure. every subscriber who now gave one guinea could find a friend who would subscribe another guinea, they would be much better off than they were now, though they would not be entirely out of the wood. If every subscriber could get two friends each to subscribe a guinea a year, they would be almost in clover. they could do that it would relieve them of the efforts necessary in those special appeals which were made every two or three years. If those who were already subscribers would really make a big effort to get one or two others to follow their example, he should feel more confidence in the financial future of the Hospital.

The King's Fund had sent them $f_{1,250}$, and the Hospital Saturday and Sunday Funds and Queen Alexandra's Day Fund had all generously subscribed. They appreciated that outside help very warmly. the same time they must make up their minds that for the proper running of the Hospital they must depend upon themselves, and unless they did that the work was bound to suffer both in its objects and in its excellence. He only wished to say one word more, and that was to express their thanks to all those who were intimately concerned in the running of the Hospital. would, he was sure, all be glad to notice that their Secretary was now Major Attwood, in the Royal Field Artillery, and they all warmly congratulated him upon his promotion. Major Attwood joined the Army almost at the beginning of the war and he had been



busy and active ever since, and whilst they all keenly felt his patriotism in the matter, at the same time they felt it would be a very good thing when he came back He was in a position of being able to make an announcement that was good and bad news at one and the same time. He was sorry to announce that Major Attwood had been placed on the retired list on account of ill-health contracted on active service, but he was extremely glad that he would now be coming back to the Hospital. He (Lord Donoughmore) had no doubt that Major Attwood would require a well-earned rest, and they would all be delighted to see him back again at the Secretary's desk. He said that not with any view of depreciating, but rather with the view of appreciating the extra work that had fallen upon the office staff, and which had enabled the Hospital to be carried on so successfully during the Secretary's The extra work thrown upon Mr. Hammond, absence. the clerk, had been very heavy, and that also, of course, applied to Mr. Caird who, in addition to acting as Hon. Secretary, was also Chairman of the Board, and he was sure they were all very grateful to him for the close touch he had kept with the work during the past two and a-half years. As to the staff, they had had a busy and anxious time. They would notice what the Board said in the report with regard to the hard work put in by the Matron, and he entirely associated himself with those remarks. It was bad enough to be charged with the nursing of a big hospital, but when they had odd Zeppelin raids thrown in occasionally and other like extra derangements, it made a very heavy call upon anybody's time and energies, and they were very grateful for all that the Matron and the nurses had done. The catering department had been extremely well and economically managed, under Miss McGee, the Housekeeper, and they were living within the voluntary food There was plenty of heavy work before them yet, and they must not forget two things—first, that the end of the war had not come yet, and until it did there were bound to be anxieties as regarded their financial situation, and as regarded the carrying on of the actual medical and surgical work; and secondly,



they must not forget that after the war the situation would be an anxious one for many years. hear).

Mr. R.H. Caird seconded the motion. He said that, as Lord Donoughmore had reminded them, it had been a very anxious year at the Hospital, but they had got through it with the greatest success, thanks to the able and zealous way in which the staff had worked day in and day out. He entirely endorsed what the Treasurer had said regarding their annual subscriptions—the work of all of them would be much better if they had a larger sum from annual subcriptions. They were, of course, very thankful for the donations they received, but, under present circumstances, they were always short by between £1,500 and • £2,000 every year. If they could raise that extra sum in annual subscriptions, it would make them feel much more comfortable in carrying on the work. They were carrying it on at full pressure.

The motion was carried.

Dr. Burford next moved a vote of thanks to the Board of Management and House Committee, Nurs-Committee, Treasurer, Vice-Treasurer, Lady Visitors and Ladies' Guild. He said the resolution would give them some idea of the many-sided organisation of the Hospital, and how many ladies and gentlemen there must be all doing their very best in order to keep it going. He was quite sure they would take that vote of thanks as not being perfunctory, but as something that was honestly due to those who had been working in order that the subscribers might have a satisfactory report. They always looked forward with pleasurable anticipation to Lord Donoughmore's Budget speech in that homocopathic Parliament, where there were no parties and where they were all united in helping his Lordship to the fullest extent of their power in his efforts to further the cause of that Hospital. With regard to the House Committee, that might be looked upon as their Cabinet, and they were very fortunate in having a man like Mr. Caird, with his wide experience and ardent sympathy with homeopathy, to act as Chairman of that Committee.



As to the Nursing Committee—well, they all knew the character of their nurses—they were celebrated as an excellent nursing body all over the world. Having seen a good deal of nursing in Europe, Asia, Africa and America, he could truly say he had never seen a better type of nursing than that practised and taught under With regard to the Treasurer and Vicethat roof. Treasurer, they must feel that virtue was its own reward, that they had done so well in keeping their heads above water—to keep 164 beds open out of 165 and to pay their way. As to the Lady Visitors and the Ladies' Guild, he often wondered why the Ladies' Guild did not have a vote of thanks to themselves they certainly deserved it. We would like to have read a full account of their work during the past year, for, from what he knew of their work, he was full of admiration for it. On the general question, he would like to remind them that theirs was the largest homeopathic hospital in Europe. It was looked up to, not only in England but on the Continent, as representing the high-water mark of Homeopathy on this side of "the herring pond". With regard to their work for the Naval patients it was a very good thing that owing mainly to his Lordship's intervention, they had been able for the first time to get linked up in some kind of connection with the State. Hitherto, they had been practically outside the cognisance of the State: now they had been actually acknowledged as doing a work of national importance. He was exceedingly pleased to hear of the appeal that the Board was making to liquidate the debt on the Hospital. When they saw the large amounts that had been contributed to the funds of the Red Cross Society—and very rightly so they felt sure that these amounts included a good many subscriptions from liberal-hearted homoeopathists, and it made one feel that there ought not to be much difficulty in obtaining the £17,000 which they required to free the Institution from debt. He hoped the appeal would be published broadcast, and that everybody who had heard of the work might know that it needed money. They might be sure that every penny went the right way with Lord Donoughmore, their



Treasurer, and Mr. Caird, their Chariman of the Board, at the head of affairs; and therefore, they could appeal to their friends to do their very best to help the Hospital in its work.

Dr. Wheeler seconded the motion, which was carried. Mr. R. H. Caird briefly replied to the vote on behalf of the Board of Management, the House Committee and the Nursing Committee. He remarked that in his time he had worked on a good many Committees, but on no committee had he received such cordial support and such constant attendance as he received from his colleagues at their Hospital.

Dr. Edwin A. Neatby responded on behalf of the Lady Visitors and the Ladies' Guild. He said he was sure the ladies would appreciate the kind way in which their services had been referred to. The Ladies' Guild had not been able to hold its annual meeting yet, so that the figures relating to its work for the Hospital last year were not forthcoming. The Guild in its early years furnished an object lesson in regard to annual subscriptions, which the Hospital was now about to emulate. When the Guild was starting the members went round to their own personal friends, and each one compelled one or more others to come in, and if the subscribers to the Hospital would follow that example, it would be the best possible way of getting subscribers.

The Chairman (Lord Donoughmore) thanked the meeting for associating himself with the vote, and said he always felt he deserved it less than the others who were included. Still he was delighted to be associated with the Hospital as Treasurer. He appreciated all that its friends did for it, and the more money he had to look after the better he would be pleased.

Dr. Goldsbrough moved the re-election of the retiring members of the Board of Management: Mr. Edward Clifton Brown, Mr. R. H. Caird, Mr. Archibald H. Campbell, Lord Newton, Mr. John A. Scrimgeour, Dr. Edwin A. Neatby, Dr. John Weir, and the election of Mr. Lee Mathews and Mr. W. Pasley Tyler.

Mr. Poate seconded the motion, and said he could endorse all that had been said in regard to the Board



of Management, and more especially that of Mr. Caird, their Chairman. No one who was not constantly in the Institution could have any idea of the valuable services which Mr. Caird gave, and it would, indeed, be a disaster if they lost his services.

Mr. Edward Clifton Brown thanked the meeting on behalf of himself and his colleagues for their reelection.

Mr. Lee Mathews thanked the meeting for electing him on the Board. He then proceeded to move the re-election of the Honorary Medical Staff; re-election of Drs. Goldsbrough, Alexander, and Burford, who, having passed the age limit, have kindly consented to continue to serve if elected; and a vote of thanks to the Medical Staff. He said they were extremely obliged to the three medical gentlemen named for consenting to continue in office in order to do the heavy work which had to be done at the Hospital. It was impossible to over-estimate the debt of gratitude which they owed to their Medical Staff. The work which they were doing at the present time was simply tremendous, and it was quite impossible to adequately thank them as they would like.

Mr. E. Clifton Brown seconded the motion, which was carried.

Dr. Neatby acknowledged the vote. He said he had been a member of the Staff for a good many years, and it was an increasing pleasure to serve in a Hospital like that with so many kind colleagues and so many able public men on the Board. It had often been said that the work of the medical men was a labour of love, and the expression would bear repeating on that occasion. Sometimes their work was a labour, but at the same time it was a labour of love, and they were pleased and thankful for the privilege of being allowed to do the They were also gratified with the results they were able to see in connection with the work, and they were especially gratified in having some little hand in the successful struggle which was being carried on in the cause of the sick.

On the motion of Mr. Granville Hey, seconded Messrs. Prideaux, by Dr. Weir, the auditors,





Frere, Brown and Hannay, Chartered Accountants, 12, Old Square, Lincoln's Inn, W.C., were re-elected.

THE HOMEOPATHIC CONVALESCENT HOME, EASTBOURNE.

The twenty-eighth annual report of the Homeopathic Convalescent Home was taken as read.

Mr. E. Clifton Brown, in moving the adoption of the report, said, as they would see in the report, any question of enlargement must be deferred until after the war.

Dr. Weir seconded the motion.

The report was adopted.

Mr. R. H. Caird, in proposing the election of Mr Clifton Brown as Treasurer of the Home, remarked that last year they lost by death their former Treasurer, Col. Clifton Brown. The Board thought the best man to succeed him was his son.

Dr. Weir seconded the motion.

The resolution was carried and acknowledged by Mr. Edward Clifton Brown, who said he regarded the appointment as a compliment to his father, who was always very keen about the Home.

Dr. Byres Moir proposed a vote of thanks to the Chairman for presiding.

The vote was carried by acclamation, and briefly acknowledged by Lord Donoughmore. The proceedings then terminated.

CALCIUM SULPHIDE AN ANTIDOTE FOR MERCURIAL POISONING.—B. Merrill Ricketts recently described a method devised by him to antidote mercury in the system after the swallowing of a lethal dose. For every grain of mercury ingested he gives one grain of calcium sulphide by the mouth and repeats it every two hours until five grains have been taken. If the case is already forty-eight hours old when treatment is begun he injects the drug into a vein—one grain in an ounce of water for each grain of mercury swallowed. Ricketts reported several cases of recovery, in one of which eighty grains of bichloride had been taken.—American Journal of Clinical Medicine.





SOCIETY'S MEETING

BRITISH HOMŒOPATHIC SOCIETY.

THE Eighth Meeting of the Session was held on May 3rd. The attendance was very small and our members clearly find the stress of daily work such as to make it difficult to give time to the Society. Dr. Wheeler took the chair at 5 o'clock, and opened the proceedings. When he was unavoidably called away Dr. Goldsbrough kindly took his place. Announcements was made of the deaths of Dr. Peter Stuart and Dr. Munster, and allusion made to the earlier loss of Dr Barrett, and Dr. Wolston. Votes of condolence with relatives were passed.

Dr. M. Tyler read a short paper on Calc. Carb. and Lycopodium as an introduction to various contributed cases illustrating the action of these remedies. Dr. Weir the Secretary, had obtained a good number and variety of contributions and their publication will be most valuable.

HOSPITALS AND INSTITUTIONS

MANCHESTER.

THE Annual Report of this Dispensary was issued Prefaced (as in last year's report if we on April 4th. remember rightly) with a few explanatory words as to Homocopathy, it shows a certain decrease in attendances for the year, but an increased number of patients on the books at the end of the year. The deaths are even lower (by nearly a third) than last year, when they were notably low. There is a balance in hand financially, and an invested building fund of over £4,000. Altogether a most satisfactory report deserving of warm congratulations.





BRITISH HOMEOPATHIC ASSOCIATION (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.

RECEIPTS FROM 16TH APRIL TO 15TH MAY 1917. GENERAL FUND.

Subscriptions.						£	s.	d.
Cedric R. Boult, Esq.				• •	• •	2	2	О
Messrs. Gilbert and Hall						1	1	0
Lady Durning Lawrence						I	1	О
Walter Currie, Esq.						İ	I	0
R. F. Murchison, Esq	•						10	6
Mrs. Bromley							2	6
H. Crewdson Howard, Esq.				٠		I	1	0
Mrs. W. Melville Wills						2	.2	О
Dr. Giles F. Goldsbrough						I	I	.0
Mrs. Cundy						I	0	0
James Eadie, Esq., F.R.C.S	S.					I	I	0
Miss Goulding						I	I	0
Mrs. F. Richards .							IO	_ 6
John Jones, Esq	•			•••		2	2	0
A. J. Latham, Esq	•					I	I	0
R. H. Caird, Esq.	•					1	I	0

NATIONAL HOMEOPATHIC FUND.

SUBSCRIPTIONS.

Percy Harrison, Esq	 	 I	I	o
Dudley d'A. Wright, Esq., F.R.C.S.	 	 2	,2	0

The usual Monthly Meeting of the Executive Council was held at Chalmers House on Wednesday, 16th May, at 4.30 p.m.

The Annual General Meeting was held at Chalmers House on Wednesday, 30th May, at 5 p.m. A brief report of the proceedings of this meeting will appear in the next (July) number of "The Homeopathic World."

Coccus cacti is a remedy often overlooked in spasmodic coughs, especially whooping cough. A spasmodic paroxysmal cough during which the patient chokes and gags and becomes very red in the face, together with a decided amelioration in the cool open air and from a drink of cold water, are very positive indications. If expectoration is present, it is white, albuminous and very tenacious, helping to increase the strangling and choking DR. RABE.



EXTRACT.

OF ALTERNATION OF DISEASE, ESPECIALLY FROM THE POINT OF VIEW OF THE SKIN.

By George Pernet, M.D.,

Dermatologist to the West London Hospital.

Although the existence of the morbid alternations has long been known, and the subject dealt with by various writers, I have found as a post-graduate teacher that few practitioners appear to have ever heard of such a thing. As far as I am concerned, attention was first called to the matter in 1891, when I was following the practice of the Paris hospitals, by my friend, Dr. Chaslin, who was, and still is, in charge of a section of the Bicêtre Lunatic Asylum. showed me a case of alternating attacks of acute mania and active phthisis. When the former occurred the phthisical activities were in abeyance and after the maniacal attack passed off, the phthisis became active When I took up skin work I kept that fact in mind, and I have been on the look out for alternations ever since. At an early period I was informed by an elderly man suffering from a profusely weeping eczema of the legs, which I naturally did my best to dry up and cure as quickly as I could, that he did not feel at all well in a general way when the serous exudation of the skin ceased. He was grateful for what I had done, but he considered I had driven the disease inwards. I was sceptical about this, and though inclined to look upon his statement as a popular superstition, I kept him under observation. When he had another attack of the weeping eczema, he was quite satisfied he felt much better in himself. I came to the conclusion, especially as he was a sensible sort of man, that there was something in the popular opinion. Possibly his renal apparatus was relieved when the eczema was

* From The Medical Press.



actively weeping, for in elderly people we must always think of Andrew Clark's renal inadequacy. We can at times learn something from patients, and pick up useful hints from them. In past times, issues as vents for morbid humours by means of setons were part of the current practice.

Trousseau (I) in his lecture on gout, mentions the periodic alternation of articular gout and of asthma. "Les accidents thoraciques se répétaient pendant deux ou trois mois sans que rien survint du côté des jointures; puis lorsque celles-ci se prenaient, les attaques d'asthme ne se produisaient plus." That Trousseau, of course, meant true asthma arises from a preceding remark of his to the above citation: "De toutes ces névroses bizarres, manifestations larvées de la goutte, la plus commune est assurément l'asthme nerveux."

I am rather insisting on this as, in dealing later with the alternation of asthma and morbid skin manifestations, I shall mean true asthma; for many patients, who complain of asthma or of being asthmatic, are really only suffering from mere wheeziness or breathlessness as a result of emphysema, chronic bronchitis, and so forth. By gout, Trousseau meant true classical gout, that of Sydenham, whom he justly "l'Hippocrate anglais." Further on in his lecture, Trousseau refers to the alternation of gout and eczema, and mentions a case where a patient "sujet depuis de longues années à des attaques de goutte régulière, en est exempt quand il est pris d'éruptions cutanées." This leads me to say a word as to the loose way in which the term gout is used, not only by the public but oft-times by medical men, especially in connection with eczema and also psoriasis. If by gout is meant the classical gout of the ancients, the podagra or the trap which has caught the animal by the foot, so picturesquely dramatised by Lucian of Samosata in his Tragodopodagra, or the gout of our English Hippocrates, then I can safely say that in my experience the association of gout and eczema is of rare occurrence. But if, on the other hand, the term gout covers all sorts of toxæmias leading to twinges and



pains of various degrees, then the association is common enough. We are all in the same boat as to these, especially in a damp climate like ours, so that for many individuals it might with some truth be said, with the essayist Abraham Cowley, that "Life is an incurable disease," though he might have perhaps more aptly said that life was a perpetual struggle against intoxications, which would even defy Mithridates, King of Pontus, for we live in an age of "embalmed" foods and appendicitis.

With regard to the alternation of insanity with asthma, migraine, epilepsy, and other morbid states, I would here refer to the article by Sir George Savage in Tuke's "Dictionary of Psychological Medicine," where the subject is dealt with at some length (2) from his point of view. I may here allude to what he says in relation to my subject, the skin. He has seen some forms of insanity relieved or temporarily arrested as a result of severe inflammation of the hand due to selfinflicted injuries; and the development of a carbuncle followed by mental recovery, or complete remission in the symptoms. Also erysipelas, and more particularly erysipelas of the head, followed by marked improvement in the mental disorder. Although these examples are not exactly what I am driving at, viz., alternation of disease, yet they are germane to my subject. Saundby (3) cites what seems to be an alternation between mental disturbance and glycosuria, the latter appearing when the patient's mental state was relatively good, and cites Madigan in this connection. Maudsley (4) pointed out many years ago that there was a relationship between diabetes and insanity. Savage states that diabetes as an acute disease may run a fairly rapid course, and may then suddenly stop, so that the polyuria and the glycosuria may both cease, the appetite become more natural, and every other special symptom of diabetes disappear, while the mind is disturbed by some form of delusion or other. cases he observed, dread, suspicion, or depression took the place of the diabetes.

I should like to mention in passing in this place what is known as *Folie circulaire*, or states of alternation,



more or less regular, between melancholia and mania.

In Sir Thomas Browne's "Letter to a Friend," I have come across a curious passage bearing on the subject under review, viz., "Hairs which have most amused (i.e., in sense of 'cause to muse') me have not been in the face or head, and not in men, but in children, as I long ago observed in that endemial distemper of little children in Languedoc, the Morgellons wherein they critically break out with harsh hairs on their backs, which takes off the unquiet symptoms of the disease, and delivers them from coughs and convulsions." Paraphrasing Sergeant Buzfuz, Bardwell v. Pickwick fame, I can conscientiously say that in the whole course of my professional career I have never seen such a case, nor am I able to discover any reference to Morgellons in available French dictionaries, including old Cotgrave. The author of stately and processional "Religio Medici" "Hydriotaphia" was full of strange notions and quaint fancies, and though he wrote "Vulgar Errours," yet he believed in witchcraft. I am making an inquiry from my friend, Professor Audry, of Toulouse, for enlightenment, as Morgellons may be a provincialism.

After this short antiquarian digression let me say a word as to metastasis. Earlier writers meant by this expression that the essence of a disease might be transferred from one part of the body to another. far as cutaneous ills are concerned, I may here allude to infantile eczema as of practical importance in this connection. Gaucher, in 1889, called attention to the pathogeny and metastases of eczema, especially in children. In his "Maladies de la Peau" (1909), when referring to the old doctrine of metastases, he says, "Pour rester dans le domaine des dermatoses, c'est le remplacement d'une manifestation cutanée bénigne de la diathese (so-called) par une détermination viscérale plus grave et quelquefois mortelle. La guérison trop rapide de l'eczéma chez les enfants ou sa disparition spontanée peuvent produire des métastases graves: des bronchites, une entérite dysentériforme, une congestion pulmonaire quelquefois suivie



de mort." He adds that "chez les adultes et surtout chez les vieillards, la disparition d'un eczéma généralisé peut être suivie des mêmes accidents, telles que l'asthme, le rhumatisme." He sums up by saying that there are autogenous poisons, which lead to cutaneous eruptions and internal morbid manifestations alternately.

As to eczema in infants, Dr. P. S. Hichens, of Northampton, contributed a paper on the subject at the meeting of the Section for the Study of Disease in Children in that city in 1913 (5). In the course of twelve years he had admitted and treated twenty-eight cases of eczema neonatorum, six terminating fatally. In the discussion I stated that I had not personally seen any fatal cases of this kind though I had treated a good many, but I knew they had been recorded.

Incidentally I should like to refer to some of the remarks of subsequent speakers. Mr. Stephenson, for instance, mentioned the occurrence of alternation in strumous ulceration of the cornea associated with eczema of the skin. When the skin was healthy the eyes were bad, and vice versa. Dr. Leonard Guthrie mentioned the alternation of eczema and asthma, adding that some skin specialists seemed disposed to deny it. I may say I am not among them for I have observed distinct and undoubted alternation of these two morbid conditions. I will refer to this later on. Guthrie also mentioned the case of a lady, a martyr to asthma for twenty years, who, ten years before, developed a very disfiguring acne rosacea. For two years, in consequence of this, she was unwilling to leave the house, and only did so wearing a thick veil. During that eruption she had no asthma, but when her acne was cured by a skin expert, the asthma returned. I am sure the lady preferred the asthma to the rosacea.

With regard to so-called infantile eczema, I may say here that the amount of dermatitis varies in degree, and may be merely seborrhæic and dry, affecting the scalp and face only. But when there is an acute generalising inflammation of the skin with



weeping, for which the designation of eczema would be appropriate, it is then that festina lente in the way of treatment is an important matter, for the very success of applications in clearing up the morbid cutaneous condition rapidly may lead to internal complications that may carry off the patient. The tragedy of success, indeed! In these cases of extensive infantile eczema, the gastro-intestinal tract requires attention as well as the skin. The kind of infant one is dealing with is necessarily a factor of import, for it is a different matter treating an otherwise healthy-looking, properlynurtured child than it is when the patient is fed on various quaint artificial preparations, or is of poor In these latter, I am in the habit of injecting saline solution hypodermically as advocated by René Quinton, who used sea-water from the deeps a more difficult proceeding in these submarine days. Incidentally, I may say that the biological work of Quinton has not received in our country the attention His "Loi de Constance deserves. Originelle" (6) is well worth studying, and for those who read French fluently I would add that extension of it by Remy de Gourmont, "Loi de Constance Intellectuelle" (7) as a corollary. In cases of congenital syphilis with marasmus, of tuberculosis of the skin, and so forth, I have found great benefit ensue from injections of 0.9 saline solution (8). Quinton used sterile sea-water obtained from the ocean, our mother, Venus Anadyomene, as our old Greek ancestors so symbolically put it, for are we not, after all is said and done, the offspring of the sea, and especially so in the case of Britannia with her trident?

The alternation of asthma and what passes for an ordinary eczema is well exemplified in some cases. But in these the dermatitis is distinctly a neuro-dermatitis, which, for my own convenience, I have labelled prurigo-eczema. They are not cases of true prurigo, which was definitely shown to be a neurosis by the late Dr. Frank Payne long ago, and in which the itching of the skin is the first symptom, the morbid skin condition being secondary to the scratching. These true prurigo cases do not necessarily alternate



with asthma; indeed, go on in their own cutaneous way, relapsing from early childhood in a most disappointing and chronic manner. Jacquet in these patients demonstrated that if the affected parts were covered up and protected from the finger-nails, the skin recovered. This he showed by keeping one limb wrapped up, one arm for instance, as compared with the corresponding uncovered limb, which became more and more involved. I have confirmed this on several In the neuro-dermatitis, which I have called Prurigo-Eczema alternating with Asthma, we are dealing I am quite satisfied with an allied condition. The so-called eczema is rough, dry and papular and very pruritic, usually affecting the face and neck, and sometimes the limbs, such as the bends of the elbows and knees. In these situations, crusting and oozing may also occur. But the point I desire to insist on is the fact that when the skin is involved, the asthma remains in abevance. Treatment directed to the improvement of the skin is followed by asthma, and so on, in a Box and Cox fashion. That this alternation is neuropathic is in my opinion undoubted, and there is nothing astonishing in that, seeing that the skin is after all but a fan-like expansion of the cerebro-spinal system, a fact quaintly expressed by a seventeenth century poet, Phineas Fletcher, in a curious description of the human body, entitled "The Purple Island," in which he refers to the skin as

that round spreading fence,
Which, like a sea, girts th' Isle in every part;
Of fairest building, quick, and nimble sense,
Of common matter, fram'd with special art;
Of middle temper, outwardest of all,
To warn of every chance that may befall:
The same, a fence and spy: a watchman and a wall."

This direct and intimate connection of the skin and nervous system is frequently forgotten. Some have looked puzzled when I have referred to myself as a psycho-neuro-dermatologist, but when one analyses the matter the thing is obvious. The direct relationship of the skin and the nervous system is well shown, for example, in acute generalised Lichen planus,





which is maddeningly puritic, almost to the verge of suicide in some instances, when the cutaneous eruption becomes a veritable shirt of Nessus. Now, if a lumbar puncture is done and some six cubic centimetres or so of cerebro-spinal fluid removed, the agonising pruritus disappears like a charm, and the rash involutes. sooner the lumbar puncture is carried out the more successful is the result. This was first discovered by two French dermatologists Thibierge and Ravaut. Following in their footsteps I have in a few cases (9), for acute generalised Lichen planus is rare, fortunately for poor humanity, obtained excellent results. In a recent case of acute, widespread Erythema multiforme exsudativum, with high temperature and delirium, in a girl of eleven I was asked to see, I came to the conclusion the toxic onslaught was cerebro-And although the cerebro-spinal fluid was practically normal, curiously enough the lumbar puncture carried out at 4 p.m. was followed in the early morning by a complete disappearance of the cutaneous I may add that this fulminating toxic case rapidly terminated fatally, the necropsy revealing a meningitis, but what it was due to could not be determined post-mortem.

In some instances the alternation of the Eczema and the Asthma are strictly so, but in others the two morbid manifestations are more or less subintrant as it were, becoming merged and confused. As to treatment, I have tried small doses of Thyroid empirically with apparently some benefit, but I have not worked this out sufficiently to express a definite opinion. The internal secretions play many important parts in the balance of the bodily organisms, as we all know. Indeed, instead of greeting friends with "How are you?" it would be more appropriate, perhaps, to say, How is your thyroid?"

In conclusion, the foregoing fragmentary remarks may perhaps encourage others to observe clinically cases I have referred to with more interested eyes and mind in the common round of practice, and make them realise that there are more things in rashes than are perhaps dreamt of in their everyday philosophy.





1. Trousseau. "Clinique de l'Hotel-Dieu de Paris." First Edition, 1862. Vol. II., p. 721. 2. Ob. Cit. "Alterna

Alternations of Neuroses." Vol. I., p. 79. 2. Op. Cit.

"Lectures on Renal and Urinary Diseases." 3. Saundby. Second Edition, 1896, p. 299.

4. Cited by Sir George Savage. Loc. cit.
5. Proceedings Roy. Soc. Med. Vol. VI. 1913, pp. 213, et seq.
6. Quinton. "L'Eau de Mer, Milieu Organique."
7. Remy de Gourmont. "Promenades Philosophiques." 2eme, Série, 1908, p. 7.

8. Vide Halliburton's remarks on Ringer's fluid and its modifications especially Locke's, in his presidential address on the cerebro-spinal fluid in Sect. of Neurology. (Proceedings of the Roy. Soc. Med.,

Vol. X., No. I., pp. 4 et seq.).
9. Pernet. "Note sur le Lichen plan aigu et la ponction lombaire."

(Annales de Dermatologie, 1913).

OBITUARY.

DR. MUNSTER.

WE deeply regret to have to announce the death of Dr. Harold V. Munster, of Croydon (the result of a motor-car accident) on April 21st. Dr. Munster graduated at Edinburgh University in 1894, and began practice as assistant to Dr. Goldsbrough in 1895. 1897 he became R.M.O. to the London Homocopathic Hospital, and on leaving there went into partnership with Dr. Purdom at Croydon. Here he found his life work, and from 1897 onwards, he was very successful and highly valued, both as friend and physician, in this district. He will be greatly missed by all who knew him for his high professional attainments went with a sturdy uprightness and candour of spirit. He served the Croydon Dispensary, a large and flourishing institution, for twenty years, and his loss will be especially felt there.

Dr. Munster has been so popular in Croydon that a movement has begun, starting from the Dispensary, to do honour to his memory by raising a fund to be expended in some suitable way. Already £60 has been subscribed, and we are confident that many outside Croydon may be glad to know of this opportunity to express their appreciation of a colleague. treasurer is Mr. A. J. Parnell, 14, Chatsworth Road, Croydon, or subscriptions may be sent to Dr. Purdom, in Park Hill Road, Croydon.



VARIETIES.

BLOOD PRESSURE AND TOBACCO SMOKING.—The investigations of Thompson and Sheldon of the effects of Tobacco smoking on patients at middle age or slightly beyond are described in the New York State Journal of Medicine of February, 1917, and the findings, though not altogether uniform even in the same subject, will possibly interest those of the medical profession who indulge in the perpetual cigarette or the reflective cigar, and who are alive to the significance of the arterial tension. The effect of cigar smoking as observed in fifty-eight subjects, might be said to cause at the utmost a rise of systolic pressure to that of 35 mm. and in pulse pressure to that of 22 mm. The after effects varied in the extent of the fall of the pressure, 30 mm. and 34 being the measurements of systolic and pulse pressuer respectively. At the end of one hour the effects of the cigar had usually disappeared. In the fifty-eight patients there was rise of systolic pressure in 35 per cent., a fall of pressure in 45 per cent., and the remaining 20 per cent. were not affected. The same patient, examined at long intervals, sometimes showed a rise and sometimes a fall, and, in addition, it was found that the results were not proportionate to the initial blood pressure of the individual examined. A patient with a usual pressure of 160 mm. showed as much variation after smoking as did those with pressures of 250 mm. or more. The effects of cigarette smoking corresponded in all respects with those observed after the cigars, and were quite as variable. The average increase in pulse rate was thirteen beats in a minute. The authors are very definite in their conclusions, i.e., that no one with a pressure above 200 m.m. should smoke at all, and at a pressure of 160 mm., with a constant tendency to increase on indulging, should be a decided contraindication.—Medical Press.

HEXAMINE AS A URINARY ANTISEPTIC.—J. W. Thomson Walker, M.B., London.—"Medical Press and Circular, April 5th, 1916.—A study of the chemistry of hexamine in the urine leads to the following conclusions as to its use:

(a) In acute bacillus coli infection: Urinary antiseptics should not be used in the acute stage. Alkalies must be given till the urine is alkaline, and this must be continued for three to four days. The temperature becoming normal, if infection is still evident in the urine, hexamine should be given and increased in dosage till the limit of tolerance is reached. In acute acid cystitis the use of urinary antiseptics of the formaldehyde group is to be deprecated, since irritation of the bladder results.

(b) Alkaline cystitis: Here heaxmine can have no action and the urine must therefore first be rendered acid by acid sodium benzoate or ammonium benzoate. Boric acid may be used to advantage. When urine has been rendered alkaline hexamine

is added.





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Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or locum tenentes. should communicate with the Secretary of the British Homæopathic Association (Incor.), 43, Russell Square, W.C., where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

To Contributors.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Bell (Robert). Diet and Health. Cr. 8vo. pp. 31. (Medical Association. 15.).

Berkeley (Comyns). A Handbook of Midwifery. For Midwives, Maternity Nurses, and Obstetric Dressers. 4th ed., enlarged, 18mo. pp. 528.

4th ed., enlarged, 18mo. pp. 528. (Cassell, Net 6s.).

Bristow (W. Rowley), Treatment of Joint and Muscle Injuries. 8vo, pp. 16o. (Hodder & S. Net 6s.).

Cunningham's Manual of Practical Anatomy, Revised and edited by Arthur Robinson, 6th ed., revised, Cr. 8vo, pp. 673. (Hodder & S. net 10s. 6d.).

Frenkel (Dr. H. S.), The Treatment of Tabetic Ataxia and revised English ed.

Tabetic Ataxia. 2nd revised English ed.

by L. Frevberger. 8vo. (Heinemann. Net 12s. 6d.).

Herbs used in Medicine, With Descriptive and Explanatory Notes by Mrs. John S. Ellis. Illustrated by Miss E.

Barlow, Preface by E. M. Holmes and Foreword by Miss A. Stanford, Cr. 8vo, (pp. 32, National Herb Growing Association, Net 3s.

Association. Net 3s.

Jones (Colonel Robert). Notes on Military
Orthopædics. With an Introductory
Note by Surg-Genl. Sir Alfred Keogh.
8vo, pp. 147. (Cassell. (Net. 2s. 6d.).

Kidd. (Frank) Common Diseases of the
Male Urethra: being a Course of Lectures
Delivered at the London Hospital. 8vo.

Male Urethra. being a Course of Lectures
Delivered at the London Hospital. 8vo,
pp. 139. (Longmans. Net 5s.).

Pocket Anatomical Atlas of the Human
Body. Edited by a London M.D. Cr.
8vo, pp. 13. (Scientific Press. Ltd.
Net 1s. 3d.).

Sykes-Brown (Hy. E.). How to take
care of your Teeth, with a chapter on
the care of the Feet. Foreword by J.
Sim Wallace. 32mo. pp. 73. (Forster
Groom & Co. Net Is.)





TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. Wheeler, Garryowe, Putney Hil, S.W.

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. Burford, London—Major Attwood, London—Mr. Dodsworth, Manchester—Dr. Goldsbrough, London.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist.

Hom.—Med. Times.—Med. Advance.—The Chironian.—La Hom copatia.—Ind. Hom. Rev.—Hom-Envoy. — Med. Century. — Rev.

Hom. Française. — H. Recorder.
—L Omiopatia in Italia.—N.A. J.

of H.—New Eng. Med. Gaz.—L'Art

Médical.—Annals de Med. Hom.— Hahnemannian Mon. — Pacific Coast Journal of H.—Journal B.H.S.—Calcutta Jour. of Med. -Le Propagateur de L'Homœopatie.—Fran Homöopatiens Värld.—Journal of the American Institute of Homocopathy .--Indian Homœopathic Reporter.— La Critica.—The Homœopathician —Iowa Homœo. Journal.— Homœopathisch Tijdschrift.

The Homoopathic World.

CONTENTS OF MAY NUMBER.

Dr. Burford on Internal Secretions.

NEWS AND NOTES.

ORIGINAL COMMUNICATIONS:

Index to Dr. Burford's Article on Internal Secretions.

Magnesia Phosphorica. By A. P. Williamson, A.M., M.D.

Practical Ways of Increasing the Iron Content of the Diet. By Caroline L. Hunt.

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HOMŒOPATHIC WORLD

JULY 2, 1917.

GOOD NEWS FROM BRISTOL.

ELSEWHERE our readers will find an account of the Annual Meeting of the Institutions at Bristol, recording the fine success to which we have grown pleasantly accustomed, but also giving us the news of the magnificent offer of Mr. Melville Wills to give £20,000 towards the building of a new hospital in memory of his son, killed in the war. We shall all feel that Mr. Wills is taking a noble way to make an enduring monument of his love for his son and the tragic, if splendid, end of the young life, and it remains for homeopathists in Bristol to do their share. And not only, we are sure, in Bristol. The great city of the west has had a fine homoeopathic record from early days of our doctrine, and latterly, thanks to the magnificent fraternity and co-operation of our skilful colleagues there, has had Homoeopathy well impressed upon its civic life, and the advantages thereof well demonstrated. Now if Mr. Melville Wills' offer can be fully utilised a new hospital of forty beds, with all the latest devices, can be built and maintained and with such an instrument the homoeopathists of Bristol should do even better. But to take full advantage of the generous offer and complete building and equipment worthily, a further £20,000 is required. enthusiasm of Bristol will doubtless be good for much of this, but we fancy there may be not a few elsewhere who would like to lend a hand to so fine an enterprise. If there are many (or any) such we commend them to our Bristol colleagues, who will gladly welcome their assistance.



NEWS AND NOTES.

Dr. A. Roberts.

Our colleague, Dr. Roberts, writes that there appears to be an impression that he has-retired from active practice. He wishes us to state that this impression is mistaken and that he continues at work at his old address.

SALVARSAN TREATMENT.

This extract appears to us to deserve a good deal of attention:

INADEQUATE SALVARSAN TREATMENT OF SYPHILIS.

"Lüth (Deutsche med. Wchenschr., December 21st, 1916, No. 51, pp. 1565—1596) remarks that tertiary manifestations of syphilis are being encountered now of a severer character than before the days of Salvarsan. The latter is not responsible for this, but the fact that the course of treatment was inadequate. He explains why inadequate Salvarsan treatment entails more serious results than inadequate mercurial treatment, saying that insufficient doses of Salvarsan, too small to destroy the spirochætes, actually breed a strain of more resistant spirochætes, according to the biological laws of immunology. The patient is thus worse off than if he had been given no treatment at all. The spirochætes are more resistent and more virulent, and thus conditions for their attacking the nervous system are rendered more favourable. In the meantime the patient has been losing strength and may not then be able to produce antibodies enough to give a positive Wassermann reaction. The danger of breeding an extra-resistent strain of spirochætes, by inadequate Salvarsan treatment, is materially reduced when Mercury is given with it from the beginning. He makes a practice of this, as he There is no doubt, he adds, that indescribes in detail. sufficiently treated syphilis runs a much severer course under Salvarsan than in the old days of Mercury alone. He warns further that treatment with Salvarsan requires specialist skill and experience, guided by the blood find-



ings and the entire course of the disease and the results of treatment, possibly calling on the neurologist and ophthalmologist, if we are to ward off indescribable misery from the present and the next generation."

A CASE FROM DR. SIMPSON.

James Pope, aged 58, farm hand, a hard worker, all his life, rises at five, and takes loads of produce to Liverpool, at 5 a.m. But last winter he was unable through weakness to do sq. He had so much pain in the stomach, sleeplessness, constipation, dyspnea, on exertion, dyspepsia. He got Kali-bich, 6 bis die, and suitable diet and all his troubles abated, but his ankles became puffy. He then had I pocynum can. five drops of pure tincture twice a day, and now he seems quite himself again, though he selects diet that suits his digestion, with skim-milk as a beverage, and he is able to do a day's work, from 7 a.m. to 5 p.m.

DEATH OF MR. W. LANGTON.

The Tunbridge Wells Homoeopathic Hospital has sustained a great loss in the death of its president, Mr. Walter Langton, M.A., J.P., of 13, Calverley Park, Tunbridge Wells. At the Committee Meeting of the Hospital, held on 25th May, feeling reference was made by the chairman to Mr. Langton's long and valued services to the hospital and the following resolution, moved from the Chair, was unanimously carried:—That this Committee, meeting under the shadow of the great loss it has sustained by the death of Mr. Walter Langton, M.A., J.P., its President, resolves to record on the minutes the following:—

(1) That the late-Mr. Langton joined the Committee in January, 1888, and became its chairman in February, 1893, and was re-elected year after year until, in succession to the late Mr. F. G. Smart, he was chosen President in February, 1915.

Thus for twenty-two years as Chairman, and for two further years as President, he ably took the chief share in the conduct of the business of the hospital,



always commanding the respect and co-operation of the Committee, and bringing to bear the greatest possible devotion to the prosperity and usefulness of the institution, and to the suffering poor under its care.

(2) The Committee recognises that in the late Mr. Langton, they have not only lost their President, and a generous and warm-hearted supporter of the institution, but a valued friend, whose services and sympathetic personality it will be impossible to replace.

(3) This Committee cannot forget that during the late Mr. Langton's long and close association with the work of this institution, Mrs. Langton has been his and the Committee's able helper by presiding over the Ladies' Committee.

This Committee, therefore, offers Mrs. Langton and the family generally an expression of its most sincere regret and sympathy in their bereavement.

AN EVENT.

There was a very pleasant gathering in Soho on June 7th, when a number of professional friends of Major Attwood entertained him at dinner and endeavoured to express their appreciation of him as soldier, citizen and friend. Dr. Hawkes took the chair, until he had to leave for the Liverpool train, and thereafter Dr. Byres Moir presided. After the chairman, Dr. Burford (to whom and to Mr. Johnstone the plan of the dinner was due) proposed the toast of the evening and Major Attwood replied. Mr. Johnstone, Mr. Wright, Dr. Cox, and several others also spoke and an evening of good fellowship was felt to be a considerable solace in these anxious days.

Elaps corallinus, the coral viper is of value to the ear, nose and throat specialist in the treatment of chronic middle ear suppuration and of chronic nasopharyngeal catarrh. The indications which have been verified by the writer are offensive, yellowish green discharge from the ear with impairment of hearing, and tinnitus. The throat symptoms are the presence of thick, very offensive, dry, greenish-yellow crusts upon the posterior pharyngeal wall and extremely foul breath.—Dr. Rabe.





ORIGINAL COMMUNICATIONS.

THE LIFE HISTORY OF THE THYROID APPARATUS.*

By ROBERT McCarrison, M.D., D.Sc., Major I.M.S. (Laureate, Academy of Medicine, Paris).

During feetal life the developing thyroid is peculiarly susceptible to influences which impair the mother's thyroidal resources. It responds to these influences by undergoing hypertrophy and fibrosis. It is the presence or absence of these influences which determines in the fœtus the future capacity of the child's thyroid apparatus. The importance, therefore, of excluding all influences which depress or unduly strain the maternal thyroid must be insisted upon. For this reason also it is of the greatest importance to inquire into the ante-natal history of all backward children and to examine the mother for -thyroid defect. If such defect exist, or if there is reason to suppose that it existed during pregnancy, its existence also in the child is likely to be found in greater or lesser degree.

The thyroid apparatus of the fœtus and of young infants contains little or no iodine. At this period of life the thyroid is more cellular, the vesicles smaller and fewer, containing less colloid than in later years. It does not appear that Nature intends the organ to attain to full functional perfection until some months after birth. Certainly it is not called upon to exercise its full functional powers during the earlier months of life. This is due to the fact that the maternal thyroid continues in a state of heightened functional activity throughout the earlier months of lactation, during which time the infant derives from its mother's milk part at least of the thyroid secretion which it needs. Cow's milk does not provide this thyroidal element in the same degree or kind; the calf, which is able to fend for itself shortly after birth, is provided by Nature with a thyroid which is functionally more active at birth than is that of the child, and which contains

* From The Medical Press.



iodine in an amount relatively comparable to that of the adult animal. (Fenger.) Consequently it is not dependent to the same extent for thyroidal substance on the mother's milk. Hence it is that no form of infant feeding can fully replace the mother's milk. There are few considerations, therefore, which should deter the mother from fulfilling her duty to her child. It must be remembered, however, that subthyroidism in the nursing mother may retard infantile development.

With the cessation of suckling and with the commencement of taking more solid food, the thyroid apparatus of the child begins to act for itself, elaborating its secretion from the raw materials of the food and responding to every call which is made upon it by the processes of increasing growth and the matur-

ation of the bodily functions.

Throughout child life it is in a state of constant activity which may manifest itself especially under slight toxic provocation in hypertrophy of the organ about the period of the second dentition. At puberty also and with the onset of menstruation the physiological capacity of the organ is strained to the utmost. At this time hypertrophy is particularly likely to The parathyroids also share in this increasing physiological action, their cells showing changes indicative of activity about this period. During menstruation the special function of the apparatus in maintaining the plasticity of the blood and governing calcium metabolism is called upon, since there is great loss of calcium in the menstrual flow. proves incompetent disorders of menstruation occur, disorders which are particularly common in subthyroidic girls, and in girls the subject of Graves' Disease.

We have seen that the efficient development of the sex organs, and the stimulus to mental and physical growth which they in turn provide, is dependent on the thyroid's functional perfection.

The sexual act, and marriage in both sexes, increases the gland's activity and is liable to swell in consequence a fact well known to primitive races.



The war has brought to light the interesting fact that married men under forty years of age are on the whole of better physique than the unmarried—a fact which is probably dependant in considerable measure on the maintenance of thyroidal activity which marriage ensures. Certainly in women there can be no doubt of the benefits which marriage and child-bearing confer—benefits which are due, amongst other causes, to the maintenance of healthy thyroidal activity.

During pregnancy, as has been seen, the parathyroids as well as the thyroid are in a state of active secretion, which is protracted in gradually diminishing degree throughout lactation. The maintenance of this state of activity is necessary for the speeding up of the mammary glands and the continued secretion of milk. Throughout the child-bearing period of life it maintains this high plane of activity, reverting between successive pregnancies and lactation periods to the resting state. Generally speaking, therefore, the thyroid is larger, contains more iodine, and is more active in the female adult than in the male. Physiological enlargements of the glands are common in pregnancy, while toxic influences of intestinal origin are peculiarly liable to cause goitre at this period. In a recent examination of a large number of pregnant women at the Queen Charlotte Hospital in London, which Dr. Ripman kindly made at my request, he found that about 50 per cent. showed slight thyroid swellings which had originated during pregnancy. Primiparæ showed such swellings to "a surprising extent." The gland is most likely to enlarge during the fifth and sixth month of pregnancy. Almost identical figures have been reported by Von Graff, who found that of 633 pregnant women who had had no swelling prior to pregnancy, 49 per cent. presented thyroid enlargement.

Conception is to a great extent dependent on an adequate supply of thyroid substance to the organism; witness the fact that pregnancy often follows thyroid feeding in sub-thyroidic married women. (Montgomery.)

With the onset of the menopause the thyroid function becomes depressed. At this time symptoms



of hypothyroidism are apt to appear, especially in women who throughout their child-bearing period have been sub-thyroidic. The stimulus of pregnancy to thyroidal activity during this period had sufficed to mask the gland's defects which had become apparent on its withdrawal.

Increasing years bring to the thyroid the changes incidental to advancing life, and after the age of forty, its arteries become thickened and less elastic, its connective tissue increased in amount. Small cysts may arise in consequence, or calcareous deposits occur in its substance. Its epithelium becomes less active, its colloid—and with it its iodine-content—decreased. In short, the gland undergoes a process of slow atrophy. But with diminishing vital functions the thyroid's work ceases to be of the same importance, and as the fire of life dies down, the stimulating draught of the thyroid becomes more gentle.

Other factors in addition to those of age, sex, puberty, menstruation, sexual activity and pregnancy which influence the thyroid's functional activity in health are season, place of residence and diet. The iodine-content of the thyroid of all animals so far investigated varies with the season of the year; it may be presumed that it does so also in man. The gland's activity varies with its iodine-content; this is at its lowest ebb during the first four months of the year, when the thyroid is in a state of most active secretion. The phosphorus content also varies at the same time in inverse ration to the iodine. (Seidell and Finger.)

The thyroids of a high proportion of healthy animals living at sea-level, or at altitudes 1,000 feet above it, are in the "colloid or resting state." But the functional activity of the gland appears to increase with residence at increasing heights above sea-level. This increased action is necessitated by the gland's influence in maintaining the red cells and hæmoglobin at a level appropriate to the altitude. The effect of altitude being to call for a rapid rise in the blood's red cell and hæmoglobin content, the thyroid responds to this call by increased action. Its increased activity is doubtless also in part due to the diminishing amount



of atmospheric iodine with increasing distance from the sea-coast.

As we have seen in a preceding section, diet exercises a marked influence on the functional activity of the thyroid. Thus Watson has shown that in rats fed on an exclusive diet of meat the gland continues in a state of active secretion with loss of stored up colloid; and if the diet is persisted in pathological effects may be produced. These are evidence by some degree to cell exhaustion; from continued hyperactivity which, may lead to symptoms of subthyroidism. Hence it is that a mixed diet containing an abundance of vegetable is the natural and most appropriate food for man.

Finally, the thyroid responds by increased physiological action in all mental and emotional states to which the healthy human being is subject—anger, fear, love, grief, anxiety, great mental exertion, as well as in all conditions of physical exertion.

DIAGNOSTIC INTERPRETATION OF URINARY FINDINGS.*

FROM A CHEMICAL STANDPOINT.

BY LINDSLEY F. COCHEU.

The interpretation of the urinary findings is an intensely interesting study because of their great etiologic and prognostic significance. At times the cause of a pathologic condition may be determined from the urinary findings alone; but in the great majority of cases such procedure is dangerous, simply because any one given factor in the findings may have been brought about by one or more of a long list of preceding conditions. If one looks at the findings from a prognostic point of view a like difficulty is encountered, for if we are confronted with two cases having similar urinary findings produced by different causes, our prognosis may have to be different in each case.

It is certain that if a correct conclusion is to be drawn,

From The Chironian.*



all of the available clinical evidence must be considered in conjunction with the urinary findings. The individual with a fair knowledge of medicine and a large experience in the interpretation of urinary findings is able to make a lucky guess. My experience has, however, demonstrated to me the fallacy of drawing conclusions from the urinary findings alone except in certain selected cases.

In the following list, hygienic and dietetic conditions, drugs, symptons and diseases have been named in alphabetical order without any attempt to classify them. Duplications may be made. For example, a drug may be given as one of the causes of the condition under discussion and, later on, the class of drugs to which it belongs may also be given. Again, the reader may find omissions of drugs, disease conditions, etc., which his experience has taught him should have been included. The writer hopes that such occurrences will be overlooked by the physician who may use this paper as a ready reference of helpful hints of diagnostic or prognostic value.

The examination of a single specimen or of a twelve hour specimen is a mistake whenever it is possible to obtain a sample of that passed during a period of twenty-four hours. This remark will, I think, be justified as the paper proceeds. We are apt to allow the inconvenience the patient is put to in collecting a twenty-four hour specimen to take precedence over the great advantage derived by the patient when such a specimen is examined. One of the first things presented along this line is the knowledge derived from the actual quantity passed in twenty-four hours.

The young infant passes about three times as much per pound of body weight as the adult does, but as childhood advances the proportionate amount passed by the child approaches quite rapidly the adult standard, which is about 10 c.c for every pound of body weight. The average adult eliminates from each kidney about 30 c.c. per hour. The quantity eliminated is lowest at night, increases in the morning, and reaches its height in the late afternoon. The twenty-four hour quantity may be influenced by many conditions.





TWENTY-FOUR HOUR AMOUNT: Ist month	
Ist month	
Ist year 300 to 400 c.c. 3 to 6 years 300 to 600 c.c. 8 to 12 years 600 to 900 c.c. Adult 1200 to 1500	
3 to 6 years 8 to 12 years 600 to 900 c.c Adult 1200 to 1500 c.c Amount Increased by: Actates. Actates. Actates. Anemia. Angina pectoris. Asthma. Calomel. Cardiac hypertrophy with increased blood pressure. Chlorosis. Chorea. Citrates. Constipation. Convulsions, after. Diabetes, insipidus. """ Diabetes, insipidus. """ Diarhea. Diet, low. "" Diarrhea. Diet, low. """ Heart failure. Hemorrhage. Influenza. Intestinal obstruction.	
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,, floating. Kidney, atrophy of.	
" multilocular cystic. " acute congestion.	
,, Tubercular (early stage). ,, passive congestion	1.
Locomotor ataxia. ,, embolism.	
Migraine. ,, fatty.	
Myxædema. Lead poisoning, chronic.	
Nephritis, chronic interstitial. Lung, collapse of.	
Neurasthenia. Melancholia.	
Nervous excitement. Mercury.	
Oxygen, stimulus of. Nephritis, acute.	
Paralysis agitans. ,, acute aggravation	· ·
Phosphaturia. chronic. Pituitary, disease of. , sub-acute with drop	of
E DIDITALY, UISCASC OI SHD-ACHIC WILL (HOL	
Pyelitis, chronic. Opium. Resorption of effusions. Peritonitis.	



Pneumonia.
Pneumothorax.
Pyrexia.
Rest and quiet.
Shock.
Stomach dilatation of.

Thrombosis of large vein. Tumour, abdominal. Uremic attacks, acute. Vomiting. Weather, hot dry.

TRANSPARENCY.

The urine is normally transparent when passed. There may be a slight cloudiness due to the presence of mucus which, in women, often has no pathologic significance. Unfortunately the cloudiness of a urine often means nothing more than bacterial decomposition and as a result necessitates making a report not so useful as one would wish. Frequently this source of trouble enters because specimens are sent in beer bottles, sour milk bottles, etc.

In a large percentage of the more severe kidney diseases the urine is apt to be perfectly transparent.

TRANSPARENCY: Normally the urine is transparent.

CLOUDY:

Bacterial decomposition (collected in unclean vessels or sent in dirty bottles). Bronchitis, capillary (urates). Calculus (urates, uric acid, oxalates). Cystitis (pus, phosphates). Diabetes mellitus (oxalates, uric acid). Diet, vegetable (phosphates). Digestive organs, diseases of. (urates, phosphates, oxalates). Fevers (oxalates, urates). Gonorrhæa (pus). Gonorrheal, post (phosphates). Gout (oxalates). Infections, acute(urates).

Kidney, tubercular (blood). Liver, diseases of (urates). Lungs, diseases of (urates). Malingerers (milk, vinegar). Nephritis, post scarlatinal (blood). Nervous disease (phosphates). Parasites. Pneumonia (urates). Prostate, enlarged (phosphates). Prostatitis (pus)... Pyelitis /pus, bacteria, phosphates). Rheumatism (urates, oxalates). Stone (blood). Thoracic duct, obstruction of Tumours (blood). Weather, cold.

REACTION.

The acidity of a urine is often a difficult factor to determine accurately. Alkaline decomposition may set in before the examination is made, so that a urine which was acid when passed may prove to be alkaline





when examined. The reaction of the urine which alkaline when passed more often depends for its reaction upon the volatile alkalies. Hence a urine which was was alkaline when passed may be reported as acid on examination. Fixed alkalies usually cause pain on urination especially at the end of the act. Volatile alkalies usually produce an irritable inflamed mucous membrane.

There has been much discussion regarding the method of determining the reaction. In the writer's experience the litmus test gives poor results with many specimens when they reach the laboratory. Of the clinical methods advanced the most satisfactory results are obtained by titrating with decinormal sodium hydrate solution using phenolphthalein as an indicator.

REACTION: Normal 20° to 40°.

INCREASED ACID:

Acid Benzoic.

Boric.

Mineral.

Calculus, renal.

Concentration.

Dermatitis.

Diabetes mellitus.

Diet, nitrogenous.

Exercise, muscular.

Gout.

Indicanuria.

Leukæmia.

Lithæmia.

Liver, diseases of.

Malaria, during paroxysm.

Nephritis, chronic.

Perspiration, excessive.

Pleurisy.

Pneumonia.

Pyelitis.

Rheumatism.

Saccharin.

Scarlet fever.

Scurvy.

Starvation.

Stomach, dilatation of.

DIMINISHED ACID:

Acids, vegetable.

Anæmia.

Chlorosis.

Citrates.

Diabetes insipidus.

Diet, non-nitrogenous.

Infants.

Intestinal diseases.

Liquids, increased ingestion of.

Nervous diseases.

Potatoes, excessive amount of,

in diet:

Tartrates.

Vomiting after.

ALKALINE REACTION:

Atrophy, acute yellow.

Calculus, vesical.

Cystitis.

Diet, vegetable.

Hyperchlorhydria.

Kidney, tubercular.

Malaria, intervals.

Retention of urine.

Spinal injury.

Colour.

The colour of a normal urine is commonly yellow or amber. A normal colour does not, however, indicate



a normal urine, for many samples having that charateristic, indicate in other respects serious condition

The urine passed early in the morning is darker the that passed as the day progresses, and as a rule to colour runs hand in hand with the specific gravity. There is much sediment the colour of the urine will materially affected, so we should determine the colour of the urine the colour and filtered sample. This is best done in a fair size container against a white background. A standar four ounce test glass serves the purpose well.

COLOUR: Normal colour pale amber.

LIGHTER. Liver, carcinoma of. ,, cirrhosis of. Anæmia. Asthma, spasmodic. congestion of. Childhood. Meals, after hearty. Chlorosis. Morning specimen compai Convalescence, during. to that passed during day Day voidings, as compared to Peritonitis. Pernicious anæmia. night voidings. Diabetes insipidus. Pyrexia. mellitus. Rheumatism. Diuretics. GREEN OF BIUE. Epilepsy. Berries (in alkaline urine). Fluids, copious drinking of. 'Methylene blue or other c Gout, chronic. Hysteria. Salicylic acid in large dose Kidney, amyloid. cirrhosis of. Dye stuffs. Nephritis, chronic catarrhal. Picric acid poisoning. Stomach, atony of. Tannin taken internally. REDDISH. DARKER. Alizarin. Adults. Aloes. Anæsthetics, after. Analgen. Coffee, drinking strong. Aspírin. Drinking, avoidance of. Beets. Dropsies. Berries (in acid urine). Duodenal catarrh. Buckthorn. Dysentery. Cascara (in alkaline urine Dyspepsia. Chelidonium. Exercise, after violent. Chrysarobin. Gastritis. Dye stuffs. Gout. Phenolphthalein. Infants, bottle fed. Rhubarb. Infections, acute. Santonin (in alkaline urin Influenza. Senna (in alkaline urine). Kidney, acute congestion of. Sulphonal. Lithæmia. Trional.

Lysol.

Logwood.

Melanosis.

Brown or Black: Anæmia, pernicious. Antipyretics, a number of. Antipyrin. Carcinoma. Carbolic acid. Creolin. Creosote. Cyanides. Gallic acid. Hæmoglobinuria,paroxysmal. Hemorrhage. Hydrochinon Indicanuria. Jaundice.

Naphthalene. Naphthol. Potassium chlorate. Pyrogallic acid. Quinine. Salicylic acid. Sadol. Sarcoma, melanotic. Sulphuric acid. Tannin. Tar. Thallin, Terpin hydrate. Turpentine. Uva ursi. Resorcin. Tuberculosis.

Opour.

A normal urine has a peculiar aromatic odour, which is easily affected by articles of food and drink; such changes as those produced by onions, coffee, garlic, asparagus, etc., can hardly be said to have any clinical significance. A decomposing odour is too frequently caused by collecting the specimen in a vessel which has not been thoroughly cleansed, or by placing the sample for examination in an old bottle. Samples are often sent in bottles which have contained Listerine or other odorous compounds, and at times patients are found who add perfume to the sample so as to overcome its disagreeable odour.

To obtain the best results the patient should collect the urine in an absolutely clean vessel and pour it directly into a large (5 pint) clean bottle. The bottle is easily handled and may with safety be placed where it will keep cool. If decomposition is feared, five or ten grains of Thymol may be placed in the bottle. This latter procedure will, of course, affect the odour of the specimen so no conclusions may be drawn from that property. It will not, however, interfere with the regular chemical or microscopical examinations.

ODOUR.

ODOUR OF BLOOD.

Normal, peculiar aromatic.

Hemorrhage from lower-

No Onour.

urinary tract.

Obstructive retention.

Chronic interstitial nephritis. Ammoniacal When Passed. Bladder, carcinoma of.



Bladder, stone in.
Cystitis.
Prostate, enlarged.
Suppurative -condition in urinary tract.
Ulcer.
FECAL ODOUR.
Contamination by stool.
Fistula.
Suppurative condition involving intestine.

SPECIFIC GRAVITY.

ODOUR OF ROTTEN EGGS.
Same causes as fæcal odour.
ODOUR OF STALE FISH.
Bacteriuria.
SWEETISH ODOUR.
Large amount of sugar.
FRUITY ODOUR.
Acetone.
ODOUR OF VIOLETS.
Terebene.
Turpentine.

SPECIFIC GRAVITY.

The specific gravity of the urine depends upon the amount of solid material in solution. Where no conveniences are at hand for determining the amount of the various solids, a knowledge of the specific gravity is of great importance. If, on the other hand, the amounts of the various solids are determined as they should be, it is wiser to draw our conclusions from what they tell us rather than from what we learn of the mixed solid elimination as revealed by the specific gravity.

AVERAGE NORMAL for ADULT-1.018.1.025. AVERAGE NORMAL for In-FANTS, 1.004-1.006. Anæsthetics, after adminis- Lower. tration of. Colic. Diabetes mellitus. Diet, animal. ,, salt in. Dropsy, increasing. Gout, acute. Hæmaturia. Hepatic diseases. Heart failure. Infections, acute. Kidney, acute congestion of. Leukæmia. Lithæmia. Melancholia. Morning, in early. Nephritis, acute. Nephritis, chronic (with large amount of albumin).

Neurasthenia.
Perspiration, after profuse.
Pneumonia, early in.
Pyrexia.
Retention, after long.
Rheumatism, acute.

Anæmia. pernicious. Chlorosis. Chyluria. Colic, after relief from. Diabetes insipidus. Diuretics, after. Drinks, alcoholic. Dropsy, reduction of. Epilepsy. Fluids, after ingestion of large amounts of: Gout, chronic. Hydronephrosis. Hysteria. Infections, during convalescence from acute.

Kidney, amyloid.

cirrhosis.

Kidney, cystic. Malaria, during chill of. Myxœdema. Nephritis, chronic (with small Tuberculosis. amount of albumin). Nephritis, sub-acute.

Osler's disease. Rest, during. Toxemias. Weather, cold. \

UREA.

Of all the solid material eliminated, the urea is probably most important, for it goes to make up almost half of the total. In a general way the amount excreted depends upon the amount of the nitrogenous in-take, the ability of the organism to carry on nitrogenous metabolism, and the amount of tissue waste. The extremely young infant eliminates about two-thirds as much urea per pound of body weight as the adult does, while the growing child eliminates from the same amount to twice as much as the adult does per pound of body An adult eliminates from 20 to 30 grams in twenty-four hours, and when the urea bears a normal relation to the total solids it is quite common to find that the percentage of urea is represented by the last two figures of the specific gravity (as specific gravity 1.018, urea 1.8 per cent.).

In diseases such as pneumonia or typhoid where there is rapid wasting away of the patient, a knowledge of the amount of urea in comparison to the other solids, notably the chlorides and sulphates, will often give an idea of the area of the tissue involved and the degree of virulence of the attack.

In diseases of a more or less chronic nature where the ability of the kidney to eliminate urea is lowered, the skin must of necessity take up some of this work, and it has been found that one of the signs of approaching death is the accumulation of crystals of urea which usually form a greasy covering on a cold clammy skin,

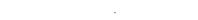
UREA. Normal 20 to 30 grams in twenty-four hours.

HIGHER.

Ammonium salts. Anæmia, pernicious. Antimony. Arsenic. Atrophy, muscular. Baths, hot. Catarrh, diffuse bronchiali

Chorea. Codeia. Convulsions. Day, during. Diabetes insipidus. mellitus.

Diet, nitrogenous food in excess in.



Fever, yellow.

Diuretics, alkaline. Dyspneic conditions. Electrical stimulation. Epileptic attacks. Exercise, mental or physical. Exudates, resorption of. Gout, chronic. Infections, acute (as convalescence begins). Leukæmia. Malaria, during warm stage. Nephritis, acute. Paralysis agitans. Pneumonia. Pyæmia. Pyrexia. Quinine, large doses of. Rheumatism acute. Scarlet fever. Scurvy. Thyroid extract. Typhoid fever.

Lower.

Addison's disease.

Anæmia.
Cholera.
Diarrhæa.
Diet, low in nitrogenous food.
Fevers, during convalescence
from acute.

Kidney, atrophy of. passive congestion of. Liver, acute yellow atrophy of. cancer of cirrhosis of. Melancholia. Menstruation. Nephritis, acute with dropsy. chronic. chronic interstitial. subacute with dropsy Osteomalacia. Paralysis, general. Poisoning, lead. Pregnancy. Pyorrhœa alveolaris. Rheumatism, chronic. Rickets. Sedentary habits. Starvation. Syphilis. Tuberculosis. Tumours, ovarian and uterine. Uræmia. before attack. Vegetarians. Vomiting, excessive. Water, continued excessive-

TOTAL SOLIDS.

drinking of.

The elimination of solid material is influenced by different factors. The principal ones are age, weight, diet and exercise. The maximum amount is eliminated by an adult at about forty years of age, and in a rough way there may be said to be a reduction of 10 per cent. for each additional ten years of age. The solids increase with the weight, the amount of food eaten, and the amount of exercise taken. The average patient who is sick enough to be confined to the house or his bed passes from ten to forty per cent. less of solid material than he would when attending to his regular duties. Of course, the particular disease from which he suffers may have a marked effect on increasing the total solids.

When we have a urine which is about normal, the use of Haser's Coefficient for the determination of the total

solids gives good results; but when there is a variation from the normal in some of the constituents, especially, if it be in the sodium chloride, then Haser's Coefficient is not to be depended upon.

An attempt to state the conditions which tend to increase or decrease the total solids would practically be a repetition of the statements made under Urea.

SODIUM CHLORIDE.

Of all the solid materials eliminated by the kidney, sodium chloride is one of the most important. In a rough way urea makes up half of the total solids and the sodium chloride about one-half of all the rest. It is probably a fact that sodium chloride plays but a small part in metabolism other than as an aid to osmosis, for it has been found that a patient eliminates almost all of the sodium chloride given in the diet. It is a fact well known in physics' that it is necessary to add sodium chloride to certain solutions in order that the solids which were already in that liquid may be carried from one side of an animal membrane to the other. ing this, the great clinical significance of the amount of sodium chloride in the urine is easily seen. have to deal with a disease where fluid is accumulating in some part of the body the sodium chloride is diverted to that part and a correspondingly smaller amount is found in the urine. From the amount found one may estimate how much was used elsewhere, and hence be placed in a position to judge fairly the extent of the pathologic process. Pneumonia, pleurisy, toxemias, effusions, typhoid, etc., are all conditions where the prognosis depends largely upon the amount of sodium chloride found in the urine. Example: no matter what the outward signs, if we have clinical symptons of typhoid a negative Widal and the sodium chloride reduced to a very few grams, a bad or hopeless prognosis will have to We have then a patient who is not reacting as evidenced by the negative Widal, and the low sodium chloride elimination indicates that we have a rather extensive area involved. Other examples might be given but each would tend to point toward the same general fact, that a knowledge of the urinary findings is invalu-



able when considered in conjunction with all other available data.

SODIUM CHLORIDE: Normal elimination II to 15 grams in twenty-four hours.

Increased.
Choroform.
Convalescence after acute infectious diseases.
Day, during.
Diabetes insipidus.
,, mellitus.
Diet, corned beef.
,, salt excess in.
,, salt fish.
,, salt pork.

Digitalis.

Eating, excessive.

Epilepsy.

,, following attack.

sea foods.

Exercise.

German measles.

Liquids, large amounts of.

Liver, cirrhosis of.

Malaria.

Massage.

Mineral waters. • Myelitis, acute.

Paralysis, general.

Potassium salts.

Prurigo.

Red blood cells, diseases causing destruction of.

Resorption of effusions.

Thyroid extracts.

Winter.
Decreased.

Anæmia.

Anasarca.

Cachexia.

Carcinoma. Cholera,

Chorea.

Chyluria. Diarrhœa.

Diet, milk.

" excessive starch in.

Distilled water. Hemorrhage.

Impetigo.

Kidney, congestion of.

Liver, acute yellow atrophy of.

Melancholia.
Nephritis.
Night, during.
Pemphigus.
Pericarditis.
Pleurisy.
Pneumonia.
Poisoning, lead.

Puerperal fever. Pyemia. Pyrexia.

Rheumatism, acute.

Rickets.
Scarlet fever.
Serous effusions.
Starvation.

Stomach, cancer of.

Toxæmias. Typhoid fever. Vomiting. Warm weather.

SULPHURIC ACID.

The eliminated sulphates may be divided into three groups: preformed, ethereal and neutral. Little is known of the neutral sulphates, so, from a clinical standpoint, the preformed and ethereal sulphates are the ones of interest. The preformed sulphates indicate the degree of proteid metabolism and hence show how the proteid foods are being handled, and also the amount of tissue which is being broken down at the time. Ex-



cessive sulphate elimination may take place when the patient is on a high proteid diet but the amount eliminated is more apt to be of interest when we consider its prognostic significance in such diseases as pneumonia, typhoid, etc., where tissue waste enters largely into our considerations. A good idea is thus obtained of the tissue area involved or of the rapidity of destruction of that tissue.

The ethereal or conjugate sulphates have another meaning and will be considered later under the head of Indican, which is the representative of this group.

SULPHURIC ACID: Normal elimination 2 to 3 grams in twenty-four hours.

Increased.
Addison's disease.
Atrophy, progressive muscular.
Benzol.
Carcinoma.
Constipation.
Creosote.
Diabetes insipidus.
,, mellitus.
Diet, meat.
Eczema.

Eczema.
Eggs.
Empyema.
Encephalitis.
Exercise.
Gastric hyperacidity.
Indigestion, intestinal.

Lysol.
Mastication, incomplete.
Meningitis.
Myelitis.

Neurasthenia. Nux vomica. Pneumonia.

Leukæmia.

Poisoning, fead.

Pyrexia.
Rheumatism.
Salol.
Toxæmia.
Tuberculosis.
Turpentine.
'DBCREASED.
'Bismuth.

Bulgarian bacilli, preparations containing.

Calomel.

Pus.

Convalescence from acute

diseases. Diarrhœa.

Diet, farinaceous foods.

milk. vegetable.

Fasting.

Mastication complete

Nephritis, chronic catarrhal.

Purgatives. Salicylates.

(To be continued.)

TUBERCULOSIS: NO EXCEPTION TO HOMŒOPATHIC LAW.

By Chas. H. Young, M.D., Brooklyn, N.Y.

The Organon of the Science of Homocopathy and the first volume of Hahnemann's Chronic Diseases



furnish the instructions for finding the indicated remedy, and the materia medica contains the provings of a sufficient number of remedies to cover, probably, any given case of consumption. Then, as homeopathic physicians possess at least an average medical knowledge, they should surpass in the treatment of consumption as well as in chronic diseases.

First: The taking of a case of consumption correctly requires an intimate knowledge of the precepts of the Organon and Chronic Diseases, which must be carefully

applied in order to succeed.

Second: The action of the crude drug, or low potency, is too short, superficial and weak to produce a curative effect in a disease with such changes of tissues, and function, and intensity of action.

Third: The action of a simile, or even simillimum in a high potency, is too intense and injurious in its effects, which will start a downward course of the disease, that is, an increase of it very difficult to arrest; for experience shows that the action of non-indicated remedy in a high potency is far more deadly than the crude drugs. . . .

Fourth: The frequent repetition of remedies, especially the high potencies, is confusing and very

injurious.

Fifth: An attempt to correct a prior drug-treatment by homœopathic antidotes is a waste of time, and dangerous. Simply discontinue them and at once prescribe Saccharum lactis, then carefully take the case, which must, if possible, include:

The symptoms of the primary cold or pleurisy, etc., together with:

Every suppressed symptom, and especially:

The aggravation of time, position, weather, etc.,

as given by Bonninghausen.

The peculiar symptoms of the patient must then be found, as most similarly peculiar in a remedy, in order to make it the unquestioned simillimum.

Even after the indicated remedy is apparently found, don't rush to give it, but wait, while you further review the case and remedy, and let the prior treatment subside until the indications are clear and positive. . .

The human mind is prone to err, but the science of Homeopathy with its genuine law of medical therapeutics cannot admit of exceptions in its application to disease; therefore, the constant problem presented to the physician is:

How to take the case and find its remedy, and after

administration:

So to manage the patient that it may not be interrupted; bearing in mind not only the known average duration of each remedy, but the fact that the different intensities of the same disease in different patients, especially the mental states, will exhaust a remedy in one case quicker than in another.

CASE 1*.—M——, an Englishman, fifty-eight years; brunette; negative history. Father died at seventy-four; mother died at eighty-four. Has a catarrhal tendency, which is sensitive to cold or cold air; tall and of lean habit.

Aggravation at sea: Ars., Mag.-m., Rhus., Sep.

Anxiety: Ars., Rhus, Sep.

Despair: Ars., Rhus, Sep.

Sudden prostration: Ars.

Emaciation: Ars.

Aggr. cold, open air: Ars.

Suppression of sweat by getting cold: Ars.

Cough, etc.: Ars.

Frothy sputa with yellow mucus: Ars.

Right apex: Ars.

A further examination of Arsenicum will show that it is the only remedy in the materia medica which produces the series of symptoms peculiar to both this patient and itself.

Owing to the deadly reputation of Arsenic I hesitated to give it, as it was my first Arsenicum case of T. B. but as I could not see any other remedy, with faith in the law: May 3rd, Arsen. 200 was given dry.

The fever and sweats ceased within a week; out of bed in ten days; out of doors in two weeks, and at the end of month all symptoms relieved.

Discharged as with disorder thoroughly arrested.

* Much symptomatology and detailed progress so omitted from the author's case reports:



June 17th, he called at my office in good condition, well, and had gone into business.

CASE II.—Mr. C——, age sixty-three; blonde.

Diagnosis: Tubercular infiltration of the right upper lobe of the lung, first stage, and obstruction of the aortic valves, probably of an arterio-sclerotic nature.

Anxiety: Agar., Ant-t., Ars., Bry., Calc-carb., Carb-v., Caust., Fer., Kali-c., Lach., Merc., Nat-m., Nat-a., Pet., Phos., Psor., Puls., Rhus, Sep., Spong., Stan., Sul., Zn.

Fear of death: Ars., Bry., Calc., Caust., Kali-c., Lyc., Nit-ac., Phos., Psor., Pul.

Despair: Ars., Bry., Calc., Caust., Lyc., Nit-ac., Phos., Psor., Puls.

Restlessness: Ars., Bry., Calc., Caust., Lyc., Nit-ac., Phos., Puls.

Tongue: Ars., Bry., Calc., Caust., Lyc., Nit-ac., Phos., Puls.

Heart: Ars., Bry., Calc., Caust., Lyc., Nit-ac., Phos., Puls.

Cough with expectoration: Ars., Bry., Calc., Caust., Lyc., Phos., Puls.

Thick, yellow sputa: Ars., Phos., Puls.

Frothy sputa enveloping yellow mucus: Ars.

The remaining symptoms are also peculiar to Arsenicum. It was shown that Arsenic is graded in heart diseases, and it is four in angina pectoris, which is grounded in an arterio-sclerotic condition, so that it is clear that Arsenicum presents a complete image of the totality of the symptoms or its entire pathology.

March 19th, Arsen. 200.

The patient progressed steadily toward health and strength though the pulse continued high, and frequent spells or panics of anxious fretting required a dose of Arsenicum. He was so fearfully anxious that neither heart-disease nor consumption were ever mentioned.

Case III.—Miss——, twenty-three years; blonde. Mother insane died of pneumonia; father died of alcoholism; one brother sick with tubercle-bacilli.

At five years of age fell and injured right hip-joint, now quite well, though with some soreness, and is a cripple. During the spring and summer of 1911 was

in a run-down condition, had a hæmorrhage from the lungs in December, and a cough, fever and sweats, with tubercle-bacilli in the sputa.

July 31st, 1913.—Catarrh, < draught: Agar., Ars., Bell., Bry., Bapt., Gels., Caust., Chin., Hep., Kali-c., Merc., Nat-c., Nux., Phos., Pul., Rhus., Sele., Sep., Sul., (R. lung: Ars.)

Digestion < fats: Ars., Bell., Bry., Caust., Chin., Hep., Kali-c., Merc., Nat., Nux., Phos., Pul., Sep., Sil., Sul.

< milk: Ars., Bry., Chin., Kali, Nat., Nux., Phos., Pul., Sep., Sil., Sul.

< alcoholism. Ars., Chin., Nat., Nux., Pul., Sep., Sul. Anxious: Ars., Chin., Nat., Nux., Pul., Sep., Sul.

Hasty: Ars., Nux.; Sul.

Depressed and crying: Ars.

Eyes lateral motion: Ars.

Leucorrhœa: Ars.

It is seen that the peculiar symptoms of the patient are also peculiar to *Arsenicum* only, which is therefore, the simillimum.

On October 6th examination showed the right lung clear and respiration normal; discharged.

TREATMENT OF ACNE.—That vaccination has run riot in the treatment of acne is McDonnell's (Journ.of Cutaneous Diseases, Boston February, 1917, No. 2) opinion. The real cause of acne, he is convinced, is intestinal fermentation. Therefore the regulation of the diet is the most important step in the management of acne. following should never be eaten: breakfast cereals, potatoes, fresh bread, macaroni, apples, bananas and nuts. Everything sweet should be prohibited, including candy, preserves, cake, pie, icecream, soda water. For two weeks the patient is limited to milk toast, soft boiled eggs, dry toast and soup. After that, the diet list may include soups, fish, meats, vegetables (except potatoes and beans), fruits (except bananas and apples), eggs, toast, salads, tea, coffee and milk. At the beginning of treatment it is highly desirable to have the teeth overhauled by a competent man and made capable of mastication. Next, the importance of chewing should be drilled into the patient. There are some drugs which are capable to a limited extent, of holding intestinal fermentation in check. In McDonnell's opinion the best of these is Ichthyol. A common prescription with him is Aloin 0.10, Ichthyol 10.00, a sufficient quantity of liquorice powder, to be mixed and divided into thirty capsules, of which one is taken after each meal. Other drugs will readily suggest themselves. The Medical World.



HOSPITALS AND INSTITUTIONS.

[We take this report from the Western Daily Press; our readers will read, it with deep interest and we comment on the matter elsewhere.]

NEW BRISTOL HOSPITAL.

GENEROUS OFFER BY MR. MELVILLE WILLS.

SUCCESSFUL HOMEOPATHIC WORK.

"In the proceedings at the annual meeting of the friends of the Bristol Homœopathic Hospital, held yesterday at the institution in Brunswick Square, prominence was given to the fact that Mr. W. Melville Wills, its president, has generously offered to present a new building, which it is hoped may be erected in the vicinity of Redland Green. The report explained that "for nearly fifty years Hahnemann's principles for the cure of the ills to which flesh is heir, have been exemplified by hospital and dispensary practice in Bristol. Operations have been unostentatious; many have remained in ignorance of what was being done, but thousands of sufferers have received practical benefit, and untold good has been accomplished.

"The period has been eventful in scientific progress." and has seen noteworthy changes in the attitude of the medical profession towards the prevention and treatment of disease. Today, in the best practice, huge doses of drugs are no longer given in the lavish fashion that once was almost general, and although the conservative instinct of the British public has rendered it slower in accepting homoeopathic teaching than has been the case in the United States and elsewhere, there has been a marked tendency in the direction of the theories for which Hahnemann contended, as the result of the discoveries and experience of the latter half of the nineteenth century and the opening of the twentieth. . . . The need of a new institution had been recognised by the Board of Management for a considerable time, and while the matter was under consideration Mr. Melville Wills, in a



fashion characteristic of members of his family, offered to present a building, costing £20,000, in memory of his son, Captain Bruce Melville Wills, one of the many gallant young officers who have fallen in the terrible war.

It has been estimated that for the purchase of a suitable site, and for equipment worthy of the high standard of medical and surgical work in this city a further £20,000 would be required. For this amount the Board of Management appeal to the public. An excellent commencement has been made with the list of donations. A considerable sum however has yet to be raised, and many liberal gifts will be needed to produce the desired The possibility of failure to take advantage of the noble offer of Mr. Melville Wills is scarcely to be contemplated, and when the nature of the enterprise has become known it is hoped there will be a large and willing response from the citizens. While it is too early to announce precise details with regard to the proposed institution, it may be stated that the plans of Messrs. Oatley and Lawrence, the architects, are drawn for a building with 40 beds. The general idea is that the majority of the beds will be for the accommodation of patients who, by reason of their circumstances, are entitled to receive gratuitous medical treatment. are also to be a few private wards which will meet a felt need, and also, it is hoped, prove a source of revenue to the hospital. It has also been felt that special provision should be made for that large section of the community which, while not sufficiently wealthy to meet the cost of an expert's operation in a private nursing home, would be reluctant to accept gratuitous treatment on the same lines as the poorer patients, for whom existing hospitals chiefly provide. It has been realised that there are many between these extremes to whom the benefit of a well-equipped institution, with skilled professional attention, should be rendered available upon a payment system within their means, or that of friends upon whom the cost would fall. It is hoped that accommodation on these lines may be provided in one or two small wards set apart for this purpose. The use of hospitals by paying patients is wide spread in the New World, and there



is ample justification for the belief that this feature of the projected hospital will be welcomed by those for whose welfare it is intended. The report gave details of the useful work at Brunswick Square, where two wards for reserved sick and wounded soldiers have been well occupied. In all there were in 1916, 137 in-patients and 4,396 out-patients, the latter figure including attendances at the Dispensary in Queen's-road. In connection with another department, over 500 visits have been paid to poor patients in their homes."

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

This Society met on June 7th, at the London Homoeopathic Hospital, Dr. Wheeler (President) in the chair.

Dr. T. E. Lawson was elected a member.

The paper of the evening was by Dr. Goldsbrough on certain aspects of Logical Method in relation to Homœopathy and Life. It was a little abstruse and not always easy to follow for less logically trained minds, but the practical illustrations drawn chiefly from cases of Acute Rheumatism kept the subject within the experience of all and there was a good discussion by Dr. Stonham, Dr. Moir, Dr. Hawkes, Dr. Cash Reed, Dr. Neatby, Dr. Wheeler; Dr. Goldsbrough replied.

Alumen is to be relied upon in acute inflammations of the upper respiratory tract in which the throat is relaxed, the mucous membrane red and swollen with sensations of dryness constriction, tickling and soreness. Constant cough from the elongated and relaxed, uvula will be present. The sensation of constriction is the keynote of this remedy; its astringent property is familiar to all.—Dr. Rabe.



BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.I.

RECEIPTS FROM 16TH MAY TO 15TH JUNE, 1917.

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NATIONAL HOMŒOPATHIC FUND.										
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The Misses Cox

Messrs. Keene and Ashwell

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Tuesday, 19th June, at 4.30 p.m.

THE NINTH ANNUAL GENERAL MEETING OF THE BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

THE British Homoeopathic Association (Incorporated) held its Ninth Annual General Meeting at Chalmers House, 43, Russell Square, W.C., on Wednesday, 30th May, 1917, at 5 p.m.

In the absence of the President of the Association, Sir George Wyatt Truscott, Bart., the Chair was taken by Mr. W. Lee Mathews, the Chairman of the Council

and Executive Committee of the Association.

The Chairman read the letter of regret for absence which he had received from Sir George Truscott, remarking that he would like to take the opportunity of saying how extremely obliged they all were to Sir George for the help he continued to give, at all times, to the Association's affairs. He said they were extremely obliged to Sir George for what he had done and very much regretted his inability to attend the present meeting. This was carried with acclamation.

Before rising to move the adoption of the Report

and Accounts for 1916-17,

The Chairman asked whether Mr. Howard (of Messrs. Crewdson, Youatt and Howard, Chartered Accountants and Auditors to the B.H.A.) would make any statement on the Accounts, or, whether there were any questions which the Meeting would like to put on the Accounts, which, he was sure, Mr. Howard would be pleased to answer.

Mr. Howard, replying, said that he did not think there was anything this year which called for special comment by himself, except, perhaps, to mention the fact that they had a deficit of £120 9s. Id., thus depleting their resources to that extent.

No questions being put by the Meeting,

The Chairman proposed the adoption of the Report and Accounts, remarking that the year under review





bearing very similar resemblance to the previous twelve months, so far as the effect of the War upon the work of the Association was concerned, he had very little to say. It had, of course, been an extremely difficult Their activities had necessarily been restricted —especially it had not been possible to do much in the way of propaganda work—and they had had to conserve their interests as far as possible and hope for better times ahead. So far as actual finance was concerned he was going to ask Mr. E. Handfield-Morton (Vice-Chairman of the Council and Executive Committee of the B.H.A.) to speak about this. was one matter, however, about which he wished to draw their attention, namely with regard to the various Trust Funds which it is the Association's business to administer. These Trusts, he stated, pay aboslutely nothing, at the present moment, towards the administrative expenses of the B.H.A., these expenses being paid out of the General Fund, and thus these Funds had, in a sense, been housed for nothing for some time. They recognised that this was a matter which had to be dealt with very carefully, and had decided to submit to the present Meeting the following Resolution: "That as in the opinion of this Meeting the various Trusts now or in future administered by this Association should share in the administrative expenses of the Association to an amount not exceeding ten per cent. of the Income of such Trusts: it be an instruction to Council to take such steps as may be necessary to give effect to this resolution as from the ist of April, 1917."

The Chairman concluded his remarks by thanking all the members of the Council, the Executive Committee and the Staff, especially emphasising their indebtedness to their Vice-Chairman, Mr. E. H. Morton, for his untiring efforts on behalf of the B.H.A.

Mr. E. H. Morton, in seconding the adoption of the Report and Accounts, warmly thanked the Chairman for his kind remarks in regard to his services, which, he said, were always gladly given. He then made a brief statement on the Accounts, remarking chiefly on the fact that subscriptions and donations were less



for the year ending 31st March, 1917, by about £31, which decrease, he said, was not so great as they had anticipated, and he thought they might congratulate their supporters that they had stood by the Association to so great an extent. He added, however, that f_{31} meant a good deal to the Association and urged that all their friends and supporters would do their best, during the year just begun, to remedy this loss. then reported that, under Government demand, the Association had been compelled to deliver to H.M. Treasury certain of their American investments, thus suffering slight capital and dividend losses. He did not think he had anything further to add to what their Chairman and the Auditor had said in regard to Referring to the Resoultion proposed by the Chairman regarding the Trust Funds of the B.H.A., he said that, after careful consideration, they had felt it was only right and fair that these Trusts should contribute a small item towards the costs of such Trusts. He therefore had much pleasure in seconding the Resolution; also the adoption of the Report and Accounts presented 1917.

Mr. Ebenezer Carr observed that he presumed that they had the power to charge the expenses to the

Trusts in question?

The Chairman replied that as regards four of the said Trusts they had not the slightest doubt as to their having full power to make the charge suggested.

The Resolution aforesaid was then put to the vote and carried unanimously, as also was the Annual Report.

After the re-election of the President, the Vice-Presidents, and Honorary Vice-Presidents, the Council and the Auditors of the Association, for the ensuing year,

The Chairman said that at the last Annual General Meeting he had, unfortunately, to allude to the death of Mr. E. H. Thirlby; at this meeting he had to allude to the death of Mr. Ralph Callard. He said that those of them who had worked with Mr. Callard understood what a loss his death had meant to them, as he was one of the firmest believers in Homocopathy and had upheld it with whole-souled enthusiasm.





Dr. Neatby said he had much pleasure in proposing a very hearty vote of thanks to their Chairman, remarking that he was sure all were very much indebted to Mr. Lee Mathews for the enthusiasm and interest he put into the work of the Association. Before calling upon Dr. Burford to second the motion, Dr. Neatby said there was one matter which he would like to bring to the notice of the Meeting and that was the great need, which existed at the present time, for a concise and up-to-date text-book on Homoeopathy. He said that the war had, through their migratory colleagues, brought the knowledge of Homeopathy to many medical men, and others, who otherwise might never have heard of it, and that, as soon as the War had ceased and these medical men were able to get away from the Front, many of them, he anticipated, would be coming to them for information on the subject of Homeopathy and he considered that something in the way of a modern text-book should be prepared. He thought the attention of the Council of the Association should be drawn to this fact and hoped that something might be done to meet this need, which, he considered, was an urgent one.

Dr. Burford said, it was with some personal knowledge of the great service Mr. Lee Mathews continued to render the B.H.A., that he had the greatest pleasure in seconding the vote proposed by Dr. Neatby. He said that it was very gratifying that, in such a time of stress, the Association could hold up its head as a solvent institution. He expressed his entire concurrence with Dr. Neatby's remarks in regard to a text-book on Homoeopathy, saying that it was, if ever, now a matter of prime necessity to have a clear, unvarnished statement of what Homœopathy is and what it does. He referred to a private letter which he had received from a doctor serving in Salonika, who had requested some homeopathic literature to distribute to his colleagues there. Dr. Burford stated that books, suitable for inquirers into the subject, had accordingly been despatched by the B.H.A. to the doctor in question; and he hoped that it would not rest there, but that those who had thus

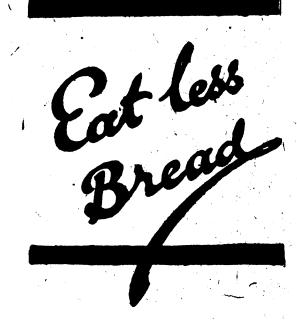


received a slight knowledge of Homocopathy would pursue and investigate it, and it would be then that the benefit of being able to hand to those inquirers such a work as Dr. Neatby had suggested would be felt. He then said that there was one other point which he would like to bring to their notice and that was the great necessity for getting something like satisfactory statistics of the homoeopathic work achieved in this country and elsewhere. He referred to the enormous death-rate of children suffering from Infantile Paralysis. in New York-children died by the thousand-and compared the death-rate of children treated in the allopathic institutions to those treated in the homeo pathic hospitals in that city, viz., Allopathic, one chilin three died; Homeopathic, one child in thirty-three died. (Applause). He asked, 'Why keep our good qualities in the background?" and said he thought the time had come when records should be carefully collected and comparative statistics compiled.

The vote was carried by acclamation, and briefly

acknowledged by Mr. Lee Mathews.

The Chairman concluded the business by saying that he fully allied himself with both Dr. Neatby's and Dr. Burford's propositions, which should be referred to the new Council for consideration.



EXTRACTS.

THE SIGNIFICANCE OF HIGH PULSE PRESSURE.*

By L. M. WARFIELD, M.D.

In former papers I have taken up the questions of the point at which diastolic pressure should be read and the significance and importance of the diastolic pressure. The value of the diastolic pressure reading together with the systolic pressure reading, lies in the determination of pulse pressure. The last named is the real force which drives the blood toward the organs and causes the mass movement of the blood.

As I have stated previously, we consider the normal range of the pulse pressure to be between 30 and 50 mm. of mercury. A pulse pressure under 30 mm. is not often found continuing over a long period of time. The pressure is evidently not enough, as a rule, to send the blood through all the numerous channels and force it back to the right side of the heart. On the contrary, pulse pressures of 100 mm. or over are compatible not only with health, but also with considerable bodily and mental vigour.

The changes which take place in the organs of circulation in order to compensate for these unusual pulse pressures often observed have never to my knowledge received more than passing attention. I believe that we should derive a better understanding of the physiological pathology of the circulation if we had facts which explained the high pulse pressures which we encounter daily.

A moment's thought will suffice to convince any one that very radical and probably demonstrable anatomic changes take place in the heart and aorta when the pulse pressure increases from 40 to 100 mm. of mercury. Suppose we take Howell's figures for an average left ventricular charge, from 75 to 90 gm. It is believed that the left ventricle empties itself completely at every systole. The aorta at the beginning of systole is full

* From the Medical World.



of blood, in fact is slightly distended, and by its elastic recoil is forcing the blood forward to the periphery. Into this aorta in this condition, are thrown from 75 to 90 gm. of blood in less than half a second under normal conditions. Only one thing can happen. The aorta, chiefly the arch, must be stretched to accommodate this added blood. The anatomic structure of the aorta is such that it can take care of just this sort of influx. The elastic laminæ are thick and strong. No muscle is found. There is no need of muscle in this situation.

Again, the normal aorta has considerable of what Meltzer calls "factor of safety." That is to say, after violent exercise the systolic pressure rises rapidly, and the diastolic rises only slightly, so that the pulse pressure, which previously at rest may have been 40, reaches from 65 to 70 mm. of mercury. The pulse rate is also increased, and the volume output is greater. The mass movement is also larger. A greater amount of blood is thrown into the aorta at systole, but the capacity for dilatation which resides in the aorta makes it easily able to take care of the added strain.

FOUR FACTORS IN HIGH PRESSURE.

For some time I have been engaged in studying the various factors which make up and keep up a high pulse pressure, and I have been able, I believe, to bring together four factors which are correlated and which are found in all high pulse pressure cases. If any one of these factors is present, the other three are found.

In all high pulse pressure cases there is increase in the size of the cavity of the left ventricle. The ventricle actually contains more blood when it is full, and throws out, therefore, more blood at each systole. The actual volume output is greater per unit of time. Such hearts always show increase in thickness of the ventricular wall. I quite agree with Stone, who says, "It is merely to be emphasised that when the pulse pressure persistently equals the diastolic pressure [high pulse pressure in other words] with a result of 50 per cent. overload, which means the expenditure of double the normal amount of kinetic energy on the part of the heart muscle, cardiac hypertrophy has occurred."

They are found in a ortic insufficiency, in chronic nephritis, in the diffuse fibrous type of arteriosclerosis, and in some cases of exophthalmic goître. Such a condition occurs temporarily after exercise.

2. In all high pulse pressure cases there is actual permanent increase in diameter of the arch of the aorta. This is a compensating process to accommodate the increased charge from the left ventricle. Smith and Kilgore have shown this to be true in cases of chronic nephritis with hypertension. Their research confirms my own observations. They found dilatation of the arch in (1) syphilis (that is, aortitis); (2) age over fifty (that is, probable factor of arteriosclerosis); (3) other serious cardiac enlargement, and (4) hypertension (with more or less hypertrophy, as in chronic nephritis.)

In ten cases showing arches at the upper limit of normal (that is, 6 cm. in diameter) and hypertrophy of the heart, three were chronic mitral endocarditis; one was chronic aortic endocarditis; three were chronic mitral and aortic endocarditis, and there was one each of hyperthyroidism, pericarditis and adherent pericardium.

In fourteen cases of hypertension (highest systolic 270 mm., average systolic, 215 mm.,) all showed cardiac hypertrophy. "All but three of these cases had great vessels whose transverse diameters measured over the normal limit of 6 cm., and in one of those measuring 6 cm. the X-ray diagnosis was 'slight dilatation' of the arch." Smith and Kilgore are at a loss to explain the three exceptions. They did not give diastolic pressures, so pulse pressures are not known. Possibly the three exceptions were cases of high diastolic pressure in which the pulse pressure possibly was not over 60 mm. Such cases might show "slight dilatation of the arch," but not marked dilatation such as was found in the other, evidently high pulse pressure cases.

We have found that only the high pulse pressure cases show dilatation of the arch. Certain high tension cases which have had a very high diastolic pressure do not reveal any accurately measurable dilatation of the aortic arch. An empty aorta after death is quite different



from a functionating aorta during life. Hence the dilatation which is found post-mortem must have been considerable during life. And conversely, a dilatation which was present during life might not be looked on as such after death.

- 3. In all high pulse pressure cases one will find on careful auscultation over the manubrium, particularly its lower half, breath sounds which vary from bronchial to intensely tubular. At times the percussion note will be slightly impaired, as McCrae has shown in dilatation of the arch of the aorta. This auscultatory sign is evidence of some more or less solid body in the anterior mediastinum which is lying on the trachea and permits the normal tubular breathing in the trachea to be audible over the upper part of the sternum. It is found in cases of dilated aortic arch. Fluoroscopic ex amination has confirmed the findings on auscultation.
- In all high pressure cases, in which the pulse pressure is over 70 mm. of mercury, there is increase in the size of all large distributing arteries, carotids, brachials femorals, renals, celiac axis, etc., with fibrous changes in the media, loss of some of the elasticity, and, in the palpable superficial arteries, increase in the size of the pulse wave.

Increased pulse pressure means increased volume output but does not always mean increased velocity. proper distribution of blood to the various organs of the body is regulated by the vasomotor system acting on the small arteries which contain considerable unstriated muscle. In order that there may be enough blood at all times and under varying conditions of rest and function, there must be a proper supply coming through the distributing vessels, the large arteries, those containing much elastic tissue, and only a very small amount of unstriated muscle tissue or none whatever. sclerosis of these muscles causes them to become enlarged and tortuous and to lose much of their elasticity, which is essential for the even distribution of blood.' A greater blood volume is therefore necessary in order that the organs may receive their quota of blood. A force which is sufficient to send blood through elastic normal





distributing tubes becomes totally insufficient to send the same amount of blood through fortuous and more or less inelastic tubes. As a compensatory process the pulse pressure increases. For this to increase, the left ventricular cavity dilates, the arch dilates, and as a greater force must be exerted to keep the increased mass in motion, the heart responds by hypertrophy of its left ventricle and becomes itself the subject of fibrous changes in the myocardium. The mass movement of blood is therefore greater in high pulse pressure cases than in cases of normal pressure.

In cases of chronic interstitial nephritis—contracted granular kidney—it may well be that the sclerosis of the arteries is a secondary process caused as Adami In aortic insuffithinks, by the hypertension itself. ciency the situation is somewhat different. The high pulse pressure is due to a very low diastolic pressure, for in my experience with uncomplicated aortic insufficiency the systolic pressure is, as a rule, not much increased above the normal for the individual's age. Here peripheral resistance is so low that a capillary pulse is common. The volume output per unit of time is greatly increased, the arch of the aorta is dilated, and the pulse is large. The fact that a large part of the blood regurgitates during diastole back into the ventricle, and the fact that the diastolic pressure is low means that there is no increased resistance to overcome, and the systolic pressure is not raised.

The opinion expressed in previous publications that the diastolic pressure is the really important part of the blood pressure is again emphasised. Particular attention should be directed to the pulse pressure. That measures the actual head of pressure, and careful observations from time to time are of great prognostic value. Again, it is emphasised that high pressure is not a signal of impending dissolution. It must be viewed as a compensatory process, and more attention should be given to changes which appear in the pulse pressure. I feel that we are often recording our blood pressure readings simply as a routine, and that they mean nothing to us. There are still problems to be solved in this field. It is hoped that this small contribution will help to solve



some of the questions which arise in the interpretation of a blood pressure picture.

SUMMARY.

No blood pressure reading is complete unless both systolic and diastolic pressures are determined.

Pulse pressure is important because it gives the actual driving kinetic force which keeps the blood in motion and has therefore a great value in prognosis.

High pulse pressure is invariably accompanied by four conditions, some of which can always been determined and frequently all of which can be found. These are (1) increased size of cavity of left ventricle; (2) definite dilatation of arch of aorta; (3) bronchial or tubular breath sounds heard over the manubrium, and (4) increase in size of all distributing arteries.

CASES OF INTEREST.*

In a recent issue of the Pacific Coast Journal of Homoeopathy Dr. William Boericke cites two remarkable cases of cure, one from the action of Vipera, the other from that of Sepia. The former is reported by Dr. Frederick M. Dearborn, whilst the latter came under the care of Royal S. Copeland, the Dean of the New York College.

CASE I. A woman of forty-two years, with an eczema rubrum of the right leg of three years duration, secondary to a varicose condition of the same member and of six years duration, found it impossible to continue her work as clerk because the burning and itching of the skin became so aggravated. A sensation of bursting developed as soon as she had been seated for a half hour or so. Relief was experienced by elevating the leg, hence her sleep was in no wise interrupted. Even walking afforded a temporary relief. Calcarea fluorica and Fluoric acid were given with some benefit, except that the burning sensation still remained. Vipera 12x caused a complete disappearance of this symptom within ten day's time, and although the patient still has the varicose veins, the secondary eczema has improved from the lessened pressure. No rubber stocking or

* From the Hahnemannian Monthly.





bandage was used because of the intolerable heat. I might add that other remedies have been used since, but there has been no return of the bursting sensation during the past eight months.

Case 2. The patient was about 52 years of age. She came to me as the next of a long line of oculists who had fitted endless pairs of glasses. She had astigmia. This was corrected for distance, and glasses considered proper for reading were likewise prescribed. Two months of the usual torture followed. I then took her blood pressure and found it to be 165. This is not excessive of course, but yet it seemed to me capable of causing all her head and eye symptoms. The urinary and physical examination by her physician had revealed nothing out of the ordinary. On finding high tension I went further into the history and symptoms.

Three years ago the patient had acute mania which lasted for some time. After recovery from that she continued excessively nervous. The slightest nervous shock or excitement caused rapid and painful action of the heart. Even thinking of disagreeable things increased the action of her heart until the patient became painfully conscious of it. There was marked mental depression, unhappiness and a suicidal tendency. The patient complained of dizziness on down and on walking. She was not sure of her The characteristic hot hands and dropped things. flushes were conspicuous and perhaps decided the prescription. Anyhow Sepia was prescribed on December 10th last. Of December 20th, the blood, pressure, a tangible symptom had fallen to 140. A week later it was 130. Every untoward symptom had disappeared, and this day my patient is a happy, cheerful and enthusiastic woman, whose view point has been quite reversed, and who is a daily exponent of the virtues of homœopathy.

Naturally I am wondering if a modern proving of Sepia would not reveal increased pressure as one of its characteristic symptoms. Possibly its value in the climacteric lies in its control of this condition. At least, in this patient, Sepia symptomatically prescribed was far more potent than the product of the test case.



TOXICITY OF EMETIN.*

Dalimier (Presse Méd., Paris, January 18th, 1917, No. 4, pp. 33 to 40) tabulates the findings with tentative doses of *Emetin hydrochloride* in rabbits and guineapigs, which established as the toxic dose per kilogram of body weight 0.002 gm. by intravenous injection and 0.03 gm. subcutaneously for the rabbit, and 0.007 and 0.09 gm. respectively for the gunea-pig. He used a two per cent. solution of *Emetin hydrochloride* for his tests. Maurel has reported similar research on vertebates, but he found the toxic dose much larger than those obtained by Dalimier. The latter repeated Maurel's experiments and the animal died before he had even reached

Maurel's dose claimed to be merely toxic.

Applying to man the figures obtained on animals, Dalimier computes the dose which would induce symptoms of toxic action in a man weighing 60 kg. as 0.12 and 1.8 gm. by intravenous injection, subcutaneous injection. The maximal safe dose would be 0.06 by intravenous injection and 1.2 by subcutaneous injection. Of course, he admits, it is incorrect to apply directly to man the results of experimental research, but two cases of intoxication from Emetin which he has found on record showed a surprising harmony in respect to the doses followed by the symptoms of intoxication. The first was published by Spehl and Colard of Brussels. A man of twenty-eight was given a subcutaneous injection of 0.03 gm. of Emetin hydrochloride in a three per cent. solution twice daily for six days and then three times daily for twelve days, the total administered being thus 1.44 gm. in eighteen When this total was reached there was first days. flaccid paralysis of all the musculatures, most pronounced in the neck, so that he could not hold his head up. Then came disturbances in swallowing, chewing and speech, followed by ædema of the face, attenuation of the reflexes and rapid and weak heart action, with reduction of the urea and chloride content of the urine. Paralysis of the respiratory muscles was feared but did not develop, and on suppression of the drug and treat-

From the Medical World.



ment with tannin, camphorated oil, diuretics, etc., the toxic phenomena subsided. By the twentieth day nothing was left of the symptoms of intoxication except a certain weakness of some muscles. In Lagane's case the patient was given 0.08 gm. of the *Emetin* by subcutaneous injection for fourteen days, a total of 1.12 gm. in two weeks. The blood pressure was then found abnormally low with weakness of the heart contractions. In Dalimier's experimental work the corresponding toxic dose for the rabbit might be calculated at 1.8 gm. and the dose tolerated 1.2 gm. In Lagane's case the toxic dose proved to be 1.12, and in Spehl's case 1.44. Lagane's patient had not actually reached the toxic dose and the drug was stopped in time to avert trouble, but Spehl's patient had passed the danger mark. harmony between the experimental and the clinical experiences related is the more remarkable as the animals were given the whole dose practically at once, while in the clinical cases it spread over two weeks and more. This suggests, Dalimier remarks, that the *Emetin* has a cumulative action. The total dose of I gm. of the Emetin seems to be the limit of safety. convinced that in certain cases of dysentery in which Emetin has been given, some of the symptoms that have been ascribed to the disease were in fact the work of the *Emetin*.

CORRESPONDENCE.

ON "PROVING" FOODS.

DENHOLM, HAWICK, SCOTLAND.

June 9th, 1917.

SIR,—Since I last wrote to you I have continued to "prove" foods, but it is a slow progress compared with "proving" drugs.

You may remember that I claim in my book which I call "A Doctor's Discovery" that food is the chief cause of disease, and that I regard as the greatest medical discovery of this century, as the fact that water was a common cause of disease was of last century.



Some of your readers may perhaps have been "proving" foods. If they have, I hope they will let me know their conclusions. I have discovered that each food, just like each drug, causes a particular symptom. At first, I was satisfied when I knew the action of a food on the several eliminating organs, and to learn that I had to stop taking it, and then take a big dose, because the system, by that unique power which it possesses, gets used, even to a poison such as tobacco, if it is persevered with. Some years ago, when going to Edinburgh for the week end, to lecture / on "Dietetics," I used to change my diet, and watch the effect. Once from Friday till Monday I ate only one meal of potatoes alone daily at 4 p.m., and, on the third day, it caused that dreadful mental depression, which is the worst symptom of neurasthenia. It is many years since I read that most learned book. "The Anatomy of Melancholy," Burton could not account for his melancholy state of mind, but, so as I remember, he thought food had to do with it, and, I think, he suspected the potato. It so happened, that, in this village, potatoes could not be got for love or money, and mine were done. I continued my experiment and observations on what I ate, and, to my astonishment, no matter how much I ate, it did not cause any mental depression, which when taking potatoes I could so easily cause. Having succeeded in getting a supply of potatoes, I ate them heartily, and, in two days, I had mental depression badly:

I have read that there is much insanity among the poor in Ireland, where the chief food is the potato, and the late Professor Laycock had discovered that patients who came to the Edinburgh Royal Infirmary from Orkney, suffered from Melancholy, which he called *Morbus Orcadensis*.

While I was resident Physician in the University clinical wards under Professor Laycock, a patient came from Orkney. I took him in, and no one, except myself knew anything about him when the Professor sat down by his bedside, with the circle of students around the bed. Laycock practised what he called Physionomic Diagnosis. Looking at the patient, he





said, "Chronic disease." "Disease of the nervous system." "Probably Morbus Orcadensis," and then, for the first time, he addressed the patient, saying, "Where do you come from?" I had never heard of the "Morbus Orcadensis," and, you may be sure, I was astonished at Laycock's acuteness. But what makes the case interesting to me now, is the fact that Laycock, fond of drugs as he was, gave him no physic, and after being in the Infirmary for a fortnight, on

ordinary diet, he went home, quite recovered.

Now, it seems to me quite possible, that there may have been some article of diet at home, which caused the melancholy, and a mere change of diet cured it. This supposition is strengthened by the fact that, an expert in the treatment of insanity, who knew nothing about the physiological action of our different foods, found out what articles of diet the patients were fondest of, and told them to take less. He cured his patients, and one, a woman, declared that the change in her case was miraculous. This is the first attempt, so far as I know, to cure insanity by attention to diet. If that expert could work miracles in utter ignorance of the physiological action even of the potato, what success awaits the profession when the physiological action of all our foods is "proved," as Hahnemann proved the action of drugs! The time will then have come, when, we may in the words of Shakespeare, throw physic to the dogs.,

But, to "prove" any food, in the hope-of knowing what effect it will have on any patient, is almost impossible, for, if food be the chief cause of disease, it is evident that its effect will vary in each individual, according to the way in which he has been living. It is not until about middle life that the health breaks down, and the action of any food, or drug either, is sure to be very different before and after that

period.

My discovery, I think, helps us to understand, how a man is either a fool, or a physician, at forty, and why one man's meat is another man's poison.

I am, etc. JOHN HADDON, M.D.



" 82, Wimpole Street, W.I. Iune 12th, 1917.

[To the Editor of "Homeopathic World."]

Dear Sir,—Most of our confreres have received the circular letter sent privately concerning the fund being raised on behalf of our colleague, Dr. Pincott, and his family. A generous response has already been accorded to the appeal, which needs no further advocacy than that of the facts.

To remind those willing to help, who have not already done so, perhaps you will be good enough to print the enclosed list of subscribers and such part of the circular as you think desirable. It may be that some benevolent non-medical reader of your pages

would be willing to contribute.

I am, yours faithfully, EDWIN A. NEATBY.

We may remind our readers that Dr. Pincott has had a serious illness. This fund is designed to meet a very real emergency, and we hope that any who can will subscribe to it.— Ed. H.W.]

DONATIONS RECEIVED FOR THE DR. PINCOTT FUND.

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Homoeopathic World. July 2, 1917.	VARIETIES.				351			
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VARIETIES.

HAY FEVER.—The available facts, clinical and experimental, relating to hay-fever, form the basis of Cooke, Flood and Coca's (Journ. of Immunology, Baltimore, February 11th, 1917, No. 2) conception of that and all other natural human sensitisation: (1) Hay fever is the clinical symptomatic expression of local hypersensitiveness. The active pollen substances are not toxins; (2) the hypersensitiveness is established spontaneously and never by immunological process. This has been shown in two ways; first, by the observation that individuals may be sensitive to pollens of plants that are indigenous in foreign countries and with which they have never come in contact; and second, by the observation that individuals who are naturally sensitive to one protein only cannot be artificially sensitised to another protein, either animal or vegetable; (3) the sensitisation is not directly inherited, although the tendency to spontaneous sensitisation is inherited as a dominant character; (4) the antibody-like substances of human sensitisation are not demonstrable in the blood of sensitive persons by any of the immunity reactions. They are present in the cells of the sensitive They cannot be increased artificially by the usual protissues. cess of immunisation; (5) the mechanism of the alleviating effect of specific, that is, vaccine therapy, is the same as that of desensitisation in experimental anaphylaxis. The freedom from symptoms



lasts as long as the respective" antigenic" substances remain in combination with the antibody-like substances in the tissues.

The Medical World.

END RESULTS OF CÆSAREAN SECTION.—One hundred and fortyeight consecutive cases of abdominal hysteroctomy were analysed by Humpstone (Amer. Journ. of Obstetrics and Diseases of Women and Children, York, Pa., March, 1917, No. 3). Dystocia due to disproportion is by far the most frequent indication in this report, 1.00 cases, in three of which prolapse of the funis was also found. Dystocia from the soft parts alone led to Cæsarean section in several cases. Ventral fixation, intentional or accidental, was the cause for ten operations, and one case of dystocia from a Coffey complication. There was one full-term pregnancy after an interposition operation, one case of vaginal stenosis, and one of osteoma on the posterior surface of the lateral ramus of the pubes. cases of contraction ring with impending rupture of the uterus gave three live babies, from uteri foul with odorous meconium, without serious morbidity to mothers. Ovarian cysts were the causative factor in three cases. Impacted face presentation with chin posterior and tonic uterus was three times treated in this manner. Accidental hæmorrhage led to operation in two cases, one of them in which the hæmorrhage was caused by a bougie employed in an attempt to induce labour. Placenta prævia was found as an indication in only one case. Oversize and overtime children twice afforded an indication. Ten sections were done for eclampsia. The maternity mortality in this whole series was 1.357 per cent. All the babies were born alive. Humpstone believes that abdominal delivery has not greater effect than pelvic delivery on the future health of the mother.—The Medical World.

DIPHTHEROIDS AND HODGKIN'S DISEASE.—Tuberculous glands, glands from cases of subleucæmic lymphadenosis, Hodgkin's disease, a supra-clavicular gland from a case of large round cell sarcoma, and primary mediastinal glands were examined by Cunningham (Amer. Journ. of Med. Sciences, Philadelphia, March, 1917, No. 3) and organisms were found which, he says, may be placed in the diphtheroid group, and only on morphological grounds was he able to say that many of them are of different strains. The organisms which were isolated from glands of Hodgkin's disease, however, are very similar if not identical with those from the tuberculous glands. In some instances the diphtheroids were primarily associated with cocci which later overgrew them. Cunningham points out that it is reasonable to suppose that glands draining such places as the mouth, throat and tonsils should harbour such organisms as are commonly found in these portals. With the evidence at hand, however, the occurrence of them in the laboratory in blood cultures (appearing rather late), in the heart's blood at the post-mortem, in ascitic fluid, and in a series of gland cultures of questionable technique, and not in a series where technique is definitely controlled, leads him to believe that we are dealing with



organisms whose natural habitat is the laboratory. He does not believe that the organism heretofore described by various other workers bears any relation to the cause of Hodgkin's disease.

The Medical World.

A CHEMICAL SERUM-REACTION IN SYPHII IS.—Bruck (Munchen: med. Wchenschr., January 2nd, 1917, No. 1, pp. 1-40) states that during the ten years since he, with Wassermann and Neisser, applied the complement fixation test to the diagnosis of syphilis, he has been constantly striving to work out a chemical technique which would have the same diagnostic significance and would render the amboceptor, complement, etc., unnecessary. Recently e noticed that the nitric acid precipitate of syphilitic serum behaves differently from that from normal serum. With normal serum the precipitate dissolves completely, while with syphilitic serum it persists and piles up in a gelatinous and characteristic pile on the floor of the test tube. The reaction seems to be due to a quantitative difference; syphilitic serum seems to contain more of the substance which nitric acid precipitates. His tests of the reaction on 200 syphilitic and 200 normal serums gave almost constantly concordant results, harmonising with the clinical findings and almost always with the Wassermann findings. The patient with positive Wassermann findings all gave a positive chemical reaction, with the exception of one case of latent syphilis, and two in the second stage of syphilis, who gave only a weakly positive reaction. The negative Wassermann cases were all persistently negative in the chemical test, with the exception of one case of inherited syphilis and one of a large defect in the palate. The Wassermann dubious findings were decidedly positive or negative with the chemical test, and the effect of treatment could be traced in the chemical reaction. The official pure nitric acid sometimes varies in its proportions. The one on which his technique is based contained in each 100 gm. 24.77 HNO, in each 100 c.c 28.48 HNO. The specific gravity was 1.149. It is best to test the nitric acid until the exact amount is determined which, with normal serum, still gives a negative reaction. This amount is then to be used for the test. With the nitric acid he used, 0.3 c.c. answered the purpose. The test is made with 0.5 c.c. clear serum in a test tube to which is added 2 c.c. distilled water, and the whole shaken. Then, with a precision pipet, the 0.3 c.c. of the C. nitr. purum of the German pharmacopæia is added and the whole thoroughly shaken and then set aside at room temperature for ten minutes. Then 16 c.c. of distilled water at room temperature (about 15 C.) is added and, closing the tube with the finger, it is shaken up and down three times carefully, not vigorously enough to make it foam. This is repeated ten minutes later and the tube is then set aside for half an hour. By this time the precipitate is entirely dissolved in the tube with normal serum, while the syphilitic serum shows a distinct flocculent turbidity. In two or three hours or, better still, in twelve hours, the gelatinous and characteristic precipitate is piled up on the floor of the test tube.



The Medical World.

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To Contributors.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Bell (Robert). Diet and Health. Cr. 8vo, pp. 31. (Medical Association, 1s.).

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Bristow (W. Rowley). Treatment of Joint and Muscle Injuries. 8vo, pp. 160. (Hodder & S. Net 6s.).

Cunningham's Manual of Practical Analomy. Revised and edited by Arthur Robinson, 6th ed., revised. Cr. 8vo, pp. 673. (Hodder & S. net 10s. 6d.).

Frenkel (Dr. H. S.). The Treatment of Tabetic Ataxia, 2nd revised English ed. by L. Erevberger. 8vo. (Heinemann.)

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8vo, pp. 13. (Scientific Press. Ltd. 8vo, pp. 1 Net 1s. 3d.).

sykes-Brown (Hy. E.). How to take care of your Teeth, with a chapter on the care of the Feet. Foreword by J. Sim Wallace. 32mo. pp. 73. (Forster Groom & Co. Net Is.)



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ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, Garryowe, Putney Hil, S.W.

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LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. Roberts, Harrogate—Dr. Haddon, Hawick—Dr. E. A. Neatby, London—Dr. Burford, London.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Med. Advance.—The Chironian.—La Hom copatia.—Ind. Hom. Rev.—Hom-Envoy. — Med. Century. — Rev. Hom. Française. — H. Recorder.—L Omiopatia in Italia.—N.A. J. of H.—New Eng. Med. Gaz.—L'Art

Médical.—Annals de Med. Hom.— Hahnemannian Mon. — Pacific Coast Journal of H.—Journal B.H.S.—Calcutta Jour. of Med. -Le Propagateur de L'Homœopatie.—Fran Homöopatiens Värld.—Journal of the American Institute of Homocopathy,-Indian Homocopathic Reporter.— La Critica.—The Homœopathician –Iowa Homœo. Journal.— Homeopathisch Tijdschrift.

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Scopolamine Hydrobromide: Provings and Verifications. By Royal E. S. Hayes, M.D., Waterbury, Conn.

Homosopathy in Montreal. By Dr. A. Griffiths.

London Homoeopathic Hospital. Report of Annual Meeting.

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THE

HOMŒOPATHIC WORLD.

AUGUST, 1, 1917.

THE B. H. S. AND THE WAR.

The British Homœopathic Society has decided to hold fewer meetings next session. This determination comes from the great difficulty of obtaining audiences and material for them to discuss, and this difficulty arises of course out of the European War. Not only are all the younger members on active service and many of the less young, but up to the oldest all medical men are feeling the strain of prolonged work under considerable difficulties and have little energy left to make researches and write papers. Add the increased expenses and diminished facilities for travelling and it is evident that the men in the country cannot be expected to attend frequently in London. Taking all difficulties into consideration we think the proposed solution the wisest one. It was urged that in spite of everything we had had a fair average attendance, but there is no use in pretending that it was either easily obtained or comparable to that of normal Most societies (even much larger ones) are holding fewer meetings and the B. H. S. is probably well advised to follow suit. But one warning may be permitted. It is wondrously easier to break down a good habit than to build it up and a real effort must be made to make fine attendances for the fewer meetings and to provide intellectual fare of distinction.

The Materia Medica section in the past session tried with some success to exploit the day to day experience of the practising physician and one evening at least should be given to a renewed attempt to do



this. With more time it should be done more completely. But the essential matter for the B. H. S. is for each member to feel personally responsible to see to it that the fewer meetings in no way lead to a lessened influence and importance for the Society

The Health of T.N.T. Workers.—In the Medical Press of December 13th, 1916, were published two papers, furnished from official sources, dealing with researches in the problems of T.N.T. (trinitro-toluene) poisoning, and giving directions for prevention and treatment. There have new been issued as a White Paper (Cd. \$494), rules made by the Ministry of Munitions relating to the use of T.N.T. in factories and workshops. These rules came into force on February 19th, and apply both to employers and employees. The provisions include the following:—

No person under sixteen shall be employed on any T.N.T. process, and no person under eighteen years of age unless such employment has been approved. No person shall be employed for more than a fortnight without an equal period of work at a process not involving contact with T.N.T. or an equal period of absence from work unless such employment has been approved by the medical officer. At every factory and workshop there must be a canteen approved by the Welfare Section of the Ministry, and every person employed shall be supplied gratis daily with half a

pint of milk or an approved substitute.

There shall be provided for the use of all persons employed approved working costumes, which costumes shall be washed, cleansed or renewed at least once every week, either on the premises or at an approved laundry; a place or places, approved by the Welfare Section of the Ministry for clothing put off during working hours; and a place or places for the storage of the working costumes provided. At every factory or workshop where 2,000 people are employed there shall be at least one whole-time medical officer to supervise such persons, and at least one additional medical officer if the number exceeds 2,000. A woman welfare supervisor, approved by the Welfare Section of the Ministry, whose remuneration and duties shall be approved, shall be appointed at all factories and workshops where women are employed.

Every person employed in a T.N.T. process shall be examined by the medical officer or the additional medical officer at least once in every week or at such shorter or longer intervals as may be

approved.

Every person for whose use an approved costume is provided shall wear the costume when employed in any T.N.T. process, and remove it before partaking of food or leaving the premises, and no person shall introduce, keep, or prepare any food or drink or make use of tobacco in any place in which any T.N.T. process is carried on.





NEWS AND NOTES.

An Apology.

We deeply regret that in reprinting in May Miss Hunt's valuable paper read before the A. I. H. we inadvertently omitted the acknowledgment demanded by courtesy to the Journal of the A. I. H. and the New England Medical Gazette. We wish to make the amplest apologies for the oversight. Our small homœopathic body in Britain with its relatively scanty resources, depends largely on the ample wealth of work done in America and the last thing we could endure would be to be slow in acknowledging our most pleasant debt.

THE CALCUTTA HOMEOPATHIC HOSPITAL.

Dr. Ray sends us news of the progress of this undertaking. The new building is nearly finished and should be in use within the year, and as our readers know Homeopathy flourishes well in Bengal. Money is the great need as in so many places and the hospital appeals for help. Dr. Ray and his colleagues may be trusted to spend wisely anything that can be given.

ETHER PNEUMONIA.

This from the Medical Press will interest surgeons. "The wide-spread belief that ether administration is a potential precursor of a post-operative or 'ether' pneumonia still exists, although opposed to a multitude of solid facts which have evidently never been sufficiently emphasised. Not a few of the surgeons who look askance upon the administration of Ether to patients with respiratory troubles are in the habit of performing themselves many actions which really presuppose a belief in the harmlessness of Ether as regards the respiratory passages. The intratracheal insufflation of Ether, lauded as it is by many who do not administer it, is certainly remarkable for the absence of after complications; and, indeed, the huge proportion of uneventful recoveries after the ordinary Ether



anæsthesia compared to the insignificant number of consequent pneumonias should in itself be sufficient to exclude Ether itself from the list of respiratory irritants. Those who have persevered in their endeavour to attain to an absolute 'pneumonialess' record in their surgery were astonished that a change to Chloroform, so far from yielding anything like a happy result, merely increased the amount of aftertrouble, while the performance of operations under the most painstaking local anæsthesia again resulted in a disappointing failure to eradicate the pulmonary complications. The only conclusion which possible under the circumstances—a conclusion strengthened by the minute account of the lung lymph field, which Cunningham had supplied in such detail— ; is that, in the first instance, the inhalation of infected material from the mouth has perhaps everything to say to some forms of the pneumonia, but that the spread of infection from the abdomen to the lungs through the diaphragmatic lymphatics has also not a little influence. The unwillingness to expand the lungs for fear of abdominal pain caused thereby again leads to defective aeration, and consequent predisposition to trouble.

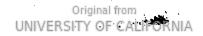
INFINITESIMALS INDEED!

The minute doses of *Tuberculin* given by the orthodox have been of great value in aiding the conception of the homeopathist of the possible power of the infinitesimal. The *Medical World* prints the following which deserves more than a little notice.

Diagnosis.—Vaccine Diagnosis and Therapy of Tuberculosis.

Viton (Semana Medica, Buenos Aires, 1916, No. 47, pp. 511-538) gives minute doses of Tuberculin as a means of differentiating the cause of symptoms in puzzling cases. If tuberculosis is responsible for the symptoms, a pronounced change for the better is manifest even under these minute doses, and the Tuberculin treatment can then be continued and amplified. He calls this the diagnostic therapeutic





test, and extols its advantages over the skin and other local tests. There are no contraindications or byeffects from these minute doses, while the favourable modification under them is often remarkable. used a ten-millionth of fifty millionth solution of the Tuberculin, usually taking I c.c. of ten-millionth solution and diluting it in 4.5. c.c. of sterilised water with a litre of a 0.25 per cent. solution of Phenol. Injecting 1/20 c.c. of one of these solutions, he watches the temperature, the weight and the general phenomena. If no change is apparent, he repeats the injection the sixth or seventh day, increasing the dose by twentieths of a cubic centimetre, and continuing this at intervals of six or more days up to fifteen days. With improvement under the Tuberculin confirming the specific nature of the trouble, the Tuberculin is then continued as a therapeutic measure. These minute doses he says, do not induce any reaction but they gently and insinuatingly start the production of antibodies. This method, he adds, has not only revealed tuberculosis in many puzzling cases, but has resulted in its cure, and he heartily commends it.

A Schüssler Case.

Dr. R. H. Bellairs sends us notes of a good case of Varicocele cured by *Ferrum Phos*, 12x, the remedy being chosen on Bio-chemical grounds. It certainly seems to have been quickly efficacious in the case reported here.

A DIABETES CASE.

We owe to the kindness of Dr. Donald Macfarlane notes of a case of Diabetes with considerable glycosuria, wherein, after the failure of much treatment, the patient's blood potentized to 6x caused very marked and lasting improvement. We note this the more gladly that our own experiences in Diabetes with these autogenous blood potencies have been disappointing. There is something to learn yet of the proper indication for their use.



ORIGINAL COMMUNICATIONS.

SOME TUBERCULOSIS MANIFESTATIONS.*

By Harold Fergie Woods, M.D.

Assistant Physician to the London Homæopathic Hospital.

I wish to-day to speak about some of the ways in which the tuberculous diathesis can manifest. My belief is that the inherited tuberculous tendency works out in ways more numerous and more varied than is generally recognised. Now, in the case of a condition that is not a generally accepted one of tuberculous disease, in which one cannot find tubercle bacilli, or any other direct evidence of tuberculosis, what should we regard as satisfactory evidence that the case had a tuberculous origin? A pronounced family history of tuberculous disease would make it at least possible, and if, in addition, the case yielded to Tuberculinum, when, perhaps, other apparently well-indicated remedies had failed, the possibility would become a probability.

There are several diseases, not generally supposed to be tuberculous in origin, that I frequently find fulfill both the afore-mentioned conditions. This does not necessarily mean that I believe every case of such diseases to be a manifestation of the tuberculous diathesis, but certainly in my experience a large proportion are so.

I propose to mention a few of these disease conditions, quoting one case of each as typical examples: Asthma is one of these diseases.

A. E., a boy, aged 12, came to me for this complaint in September, 1914. He had had frequent attacks, once a week or oftener, for four or five years. The asthma usually woke him about 4 a.m., though he sometimes had attacks in the daytime.

The attacks were worse in wet weather, and worse after a heavy meal (which is a common modality). He feels the heat very much, and takes cold frequently.

^{*} From the British Homeopathic Journal.

There is a family history of phthisis. He received a single dose of *Tuberculinum* 30, and after a short initial aggravation (or negative phase) showed great improvement. He has since had infrequent doses of the same remedy, in ascending potency, with a steady improvement. The last strength he had was the 50m, and he has gone this winter three months without an attack, besides being very much better in health.

One swallow does not make a summer, and this one case does not make asthma a tuberculous disease, but I am convinced that a large proportion of cases of asthma will be found similar to this in origin and in reaction to treatment by *Tuberculinum*, and the rest will need anti-tuberculous remedies (about which I shall say more later).

Ringworm.—Probably most of us have noticed how frequently ringworm occurs in patients of the typically tuberculous appearance. More than one well-known skin specialist in the orthodox school is of the opinion that this disease is a tuberculous manifestation.

And those of us who have found how frequently it yields to treatment by *Tuberculinum* will be convinced as to its true nature, One short instance:—

A. W., aged 21, schoolboy, had formerly, so his mother said, been under treatment for "consumption." He now came up with a well-defined patch of ringworm (diagnosis confirmed by the pathologist) on his forehead. He had blue sclerotics, bright red lips, and he sweated at night.

On March 25 he received a single dose of Bacillinum 30. No external treatment. On April 29, five weeks later he came up with absolutely no trace of ringworm.

If further evidence is needed as to the tuberculous origin of ringworm, I would advise the perusal of Burnett's book, "Ringworm, its Constitutional Nature and Cure." How long will it be before the orthodox school treats every case of ringworm with injections of Tuberculin?

Flatfoot.—It is recognised that this disease may be caused by tuberculosis in the region of the ankle or



tarsal bones, but even when no definite disease of this kind is present, we should keep in mind a possible tuberculous ancestry.

F. H., aged 42, tram conductor, came up complaining of pain in the ankles, worse when on his feet. A sister died of phthisis. Examination showed a severe case of flat feet. The patient received one dose of Tuberculinum bovinum 30. He returned in three weeks much improved, stating that two days after he came here he could go upstairs on his toes, which he had not been able to do for six months.

Again, let me repeat I do not mean to imply that every case of flat foot has a tuberculous origin, but that it may be so more often than is generally thought.

Do we usually connect chronic rheumatism with tuberculosis? I believe that a certain proportion of cases of this complaint and of rheumatoid arthritis depend on tuberculous inheritance. As example:—

Mrs. W., aged 53, came to me with pain and stiffness in all the joints, which she had had for ten or twelve The pain was worse at night in bed, worse on first motion, worse from a bath, not worse (if anything better) in wet weather. The patient was chilly, but must have air. She had had quinsy twice, years ago. There is much phthisis in the family. I began with Rhus. tox., which made her no whit better; then Causticum with the same result. She also had Pulsatilla and Phosphorus with no benefit.

A dose of Tuberculinum bovinum resulted in immediate improvement; pain decreased, swellings went down and the patient could walk much better. She had Tuberculinum in various potencies, improving in general health as well as locally, but unfortunately she did not live long enough to be cured. She died of an appendix abscess. I should like also to refer to a case Dr. Weir had here a short time ago of very advanced rheumatoid arthritis, which improved in a most marvellous manner under Tuberculinum. any case of a chronic rheumatic condition, where the remedy is not clear, or where the patient will not react to apparently indicated remedies, remember the possibility of a tuberculous origin to the condition





and see whether Tuberculinum will not be the one thing needful.

Another condition which comes in this category is the "Tendency to take colds." You may think that is too trifling a complaint to be dignified by the word "disease." But let me remind you that the word "disease" means a state opposed to ease, and then let me ask you if a bad cold in the head is not a state very much opposed to ease, both of mind and of body. If you cannot answer emphatically, then you have never had a bad head cold.

Some patients' lives are made a misery by this constant taking of colds. Indeed, a patient will sometimes describe the condition by saying it is "one

perpetual cold in the head."

The more this symptom is the main one complained of by the patient, the more do I think of *Tuberculinum* as the remedy. If colds in the head are, as I think, a manifestation of latent tuberculosis, it is explained why they are one of the most difficult things to cure, once they have got well started. I believe colds in the head are a safety valve, and prevent more serious disease. One certainly notices repeatedly that patients suffering from a chronic deep-seated disease will say that they used to take cold frequently until their present complaint manifested. It is certainly not advisable to suppress cold, as is so often done with strong drugs like *Quinine*.

To eradicate the tendency to take cold will always require a very deep acting remedy, usually either Tuber-culinum or an anti-tuberculous remedy. Sometimes the frequent colds are to be attributed to some abnormal condition of the mucous membrane of the nasal passages or throat, and the constitutional treatment by curing this abnormality will lessen or remove the tendency to

take cold.

L. and R. G., brothers, aged 7 and 10, were brought up with the complaint that they were always taking cold.

They both had enlarged cervical glands, and one had enlarged tonsils. They both felt the cold more than the heat.



The younger had involuntary urination day and night. Mother's father and father's mother died of phthisis. Both patients received single doses of Tuberculinum, the elder the 30, the other the 12, rising by stages to 200 and 1m. After four or five months' treatment both are practically well; no more colds, tonsils and glands cleared up, bladder trouble quite gone (this last symptom required a dose of Calc. phos. to complete the cure). Of course with such an overwhelming history of tuberculosis one would have expected a good result from Tuberculinum.

Chronic Catarrh, a similar affection to the constant taking of colds, calls for similar treatment, and need

not now be mentioned further.

I have for long been struck with the frequency with which cancer and consumption occur in the same family, either side by side, or in alternate generations.

In the family which comes first to my mind, the mother died of cancer of the breast, the father has had half his tongue removed for the same disease, while the three children are all of distinctly tuberculous type, and one, a young man, aged 30, suffered from frequent colds on which no remedy has the slightest effect except Tuberculinum. It is true there is no definite tuberculous disease in this family (yet, at any rate), but though I cannot at the moment fix in my mind a definite family in which the two diseases were undoubtedly present, I have come across instances so often as to leave no doubt in my mind as to there being a relation between the two.

I cannot say that cancer is a manifestation of tuberculosis, though I think it is quite possible. It has been said that tuberculosis is a more difficult disease to eradicate than cancer. They may both be manifestations of a still deeper disease or miasm, presumably Hahnemann's psora. Even then cancer might be an offshoot of tuberculosis. It is worthy of note that during, say, the last quarter of a century, while the death-rate from phthisis has been steadily decreasing, that from cancer has been as steadily increasing. I have no cases to record of cancer cured, or even ameliorated with *Tuberculinum*, but if any of my hearers





have such eases I should be glad to have particulars of them. I have mentioned up to now complaints that I have come to regard as manifestations of tuberculosis, but they are not generally accepted as such.

There are many other complaints I frequently meet with that are undoubtedly sometimes of tuberculous origin, but if I were to talk about them all you would go away thinking that there is no disease but tuberculosis, and no remedy one need use but Tuberculinum. I do not want to give that impression, but only to invite you to think of the advisability of anti-tuberculous treatment in any cases of the diseases I have mentioned that do not yield to apparently indicated remedies.

The majority of persons have a tuberculous skeleton

somewhere in the cupboard.

I have mentioned more than once anti-tuberculous remedies. Now of course, opinions may differ, but the chief remedies that I have found of use in tuberculous conditions are, besides Tuberculinum—Phosphorus, Calcarea carb., Calcarea phos., Kali carb., Silica, Sulphur, Natrum mur., Sepia. I know there are others, but these are the chief ones of which I have had experience. After Tuberculinum, Phosphorus is easily first. words about the tuberculous type. The majority of the patients suffering from the complaints I have mentioned will be found to correspond to the recognised tuberculosis type. This type is no doubt familiar to you: the thin, flat-chested patient, with transparent skin, long curling eyelashes, fine hair, etc. But any or all of these signs may be absent in a tuberculous patient. The signs I have come to place most reliance on, found, I may add, most often and most marked in children and young adults, are blueness of the sclerotics, bright redness of the lips, long lashes, darker in colour than the hair of the head. If, added to these, you have delicate skin and transparent complexion, and hair on the chest, the picture is more complete. But you do not always find these latter signs, whereas the former three that I mentioned are, in my experience, fairly constant.

In conclusion, this lecture is not supposed to be in the least exhaustive but merely suggestive. My readers



may be able to add to the list of complaints that seem to spring from a tuberculous foundation.

The patients that I wish to show you are all cases of well recognised tuberculous disease. They are, viz., a case of tuberculous ankle; one of chronic phthisis; two of lupus; and one of Bazin's disease. All, with the possible exception of the last named, are very ordinary cases, but it is the ordinary that one most often has to treat, and the refreshing of one's memory with facts known before does no harm. Also, I should be glad of any hints as to further treatment in any of the cases.

The patient with the tuberculous ankle is a married lady, aged 52. She had pleurisy years ago, and there is a history of phthisis on the father's side. In July, 1912, she came up complaining of dyspepsia and menorrhagia, and said also that she had flat foot on the left side. She had as remedies. Lachesis, Sepia, and Lycopodium. September, she was complaining more of pain in the left foot, like knives, worse at nights; has to put the foot She now says the ankle was scraped seven out of bed. On examination, the ankle is found years ago. swollen and very tender. She was given Tuberculinum bovinum 30 (unit dose). Two months later, the foot got so much worse that she was unable to come to hospital and was seen by a well-known physician in Cavendish Square, who said that she had tuberculous disease of the bones of the foot and that the foot must come off at once. She wisely declined operation, and on coming up again, received Silica 12. Pain and swelling continuing and extending to the knee, I next gave Silica 30 and prescribed Bier's congestion treatment, which latter markedly relieved her symptoms. then had Tuberculinum 12, first in unit doses, then fortnightly, followed by the 30, 200, 1m, 10m and Cm of the same remedy, then going back again to the 12 given Under this treatment the ankle swelling entirely went down and the pain in both ankle and knee diminished. Now the ankle seems to her quite well; but she gets pain and stiffness in the knee. I am continuing Tuberculinum, but should be grateful for suggestions.

The next patient is a married woman, aged 41. Her





family history is not encouraging. Her father and nine of his brothers died of phthisis, and two cousins succumbed to the same disease. She came up first in April, 1912, complaining of a cough every winter, bringing up blood-streaked phlegm. She had sharp pains in the back on coughing; had night sweats and was wasting. Examination revealed a very poor chest with diminished vocal fremitus at the left apex, where also were heard faint crepitations and creaking rhonchi. She was given Phos. 12 in unit dose and instructed in deep breathing. Improvement continued till August, when she had Phos. 30, unit dose. This held her with progressive improvement, till February of the next year, *i. e.*, nearly eight months. On recurrence of symptoms. she had *Phosphorus* 200, which held another five months. After that she went up the potencies to the Cm then began again at the 12. The last time she was examined there were no râles or rhonchi heard, but a duller percussion note remains with diminished vocal fremitus. She has lately been still further improving on Calc. carb. 12. This patient has not had Tuberculinum from me. find it is a curious but undoubted fact that phthisis is the one form of tuberculous disease where Tuberculinum is of no avail, that is, where there are definite symptoms of tuberculous disease in the lungs. In the pre-tuberculous stage, the stage of catarrh or congestion, Tuberculinum may help, but never in my experience when the disease is well established, even in an early stage. other tuberculous manifestations, Tuberculin is one of the first remedies to think of.

Next a case of lupus. This boy, aged 15, has had a sore place on the angle of his left jaw for twelve years. He says he has been advised to have it burnt. His general health is good, and I cannot elicit a family history of tuberculous disease. He has had two doses of Tuberculinum Cm, a month apart, and I think the patch is a little smaller.

The other case of lupus is in a very early stage; in fact, I have not mentioned the word "lupus" to her or her mother, so as not to frighten them. She is a girl aged 16. Her mother's father and sister died of phthisis. She came up eighteen months ago on account of what



she called a pimple on the left side of her nose. She had had it for ten years, but lately it began to get larger. There is no pain nor any unusual sensation in the spot, which had been diagnosed by another medical man as a "nævus." The pimple began to diminish on the prescription of Tuberculinum bovinum 30, but improvement has not been maintained, so the patient has been having X-rays to the place once a week. Still, progress is at a standstill. I should be glad of suggestions as to further treatment.

The case of Bazin's disease is in a young woman, aged 28. She has had the affection for at least ten years, and has had injections of *Tuberculin* before coming to me for treatment. I cannot get any family history of tuberculosis. The disease affects both legs and causes a heavy and burning pain in the nodules that appear. The legs swell at night. The patient improved for the first year she was under me, on *Sulphur*, in potencies from 200 to 10m. Then, progress slowing down, I gave *Tuberculinum bovinum* in 200, 500, 1m, 2m, 5m, 10m, and Cm. On this remedy these swellings have appeared much less frequently, and I do not know if at present she presents any typical signs of the disease. In this case, as in the others, suggestions as to further treatment will be gratefully received.

DIAGNOSTIC INTERPRETATION OF URINARY* FINDINGS.

FROM A CHEMICAL STANDPOINT.

BY LINDSLEY F. COCHEU.

(Continued from page 325.)

PHOSPHORIC ACID.

The phosphates appearing in the urine are derived principally from the food, and may be out of proportion to the amount ingested. There are two good reasons for this, the first of which is the comparative insolubility of the inorganic salts of phosphorus, and the second, the great chemical affinity of phosphoric acid for neutral salts, notably those of calcium. In the second case the

* From The Chironian.





elements containing phosphoric acid and the mineral salts combine to form an insoluble compound. Hence we may have a high phosphate in-take with low elimination of the same from the kidneys. In such a case the intestines carry on the work and the phosphorus is eliminated in the fæces.

A lowered elimination has more clinical significance than an increased amount, for the amount of phosphoric acid present is a good indication of the degree of ability of the kidney to do its work. Casts and albumen may be present but if the elimination of phosphoric acid is good, it is possible to assume that a comparatively small area of kidney tissue is involved. On the other hand casts and albumen may be absent, but if the phosphoric acid elimination is persistently low, one should constantly bear in mind the possibility of a beginning nephritis.

Phosphaturia is a misleading term, for the phosphorus elimination through the kidneys may be low and at the same time many phosphatic crystals appear in the urine.

PHOSPHORIC ACID: Normal elimination 2.5 to 3.0 grams in twenty-four hours

INCREASED.

Acute diseases (after crisis),

Anæmia. Chloral.

Cholera infantum.

Chorea.

Diabetes insipidus.

mellitis.

Diet, animal. Encephalitis.

Epileptic attacks.

Exercise, hard muscular.

Gastric catarrh. Glycerophosphates.

Hodgkin's disease.

Leukæmia. Mania, acute. Meningitis.

Neurasthenia. Pneumonia (late in disease.)

Poisoning, phosphorus.

Potassium bromide.

Pyrexia.'

Rheumatism, acuté.

Rickets.
Salicylic acid.

Small-pox.

Stomach, dilatation of. Tuberculosis, early.

Tumours, brain.

DECREASED.

Addison's disease.

Alcohol.

Arthritis.

Calcium carbonate.

Cocaine.
Diet, milk.

,, vegetable.

Ether. Gout.

Infections, acute (before crisis).

Liver, cirrhosis of.

Malaria, during attack.



Nephritis.
Osteomalacia.
Pneumonia (early in disease).
Pregnancy.
Pyuria.
Quinine.

Rest, during.
Rheumatism, chronic.
Tuberculosis (as disease progresses.
Tvphoid.
Typhus.

INDICAN.

From a clinical standpoint Indican is probably the most important representative of the ethereal sulphates. It frequently makes its appearance because colon bacilli are able to reduce proteins forming Indol, which is the first step in the formation of Indican. This readily accounts for the success often obtained in the treatment of intestinal toxemias by the administration of Bulgarian bacilli, for they make the intestinal tract uninhabitable for the colon bacilli.

INDICAN PRESENT. Hypochlorhydria. Addison's disease. Lung, gangrene of. Anæmia, pernicious. Meningitis, cerebro-spinal. Appendicitis. Nux vomica. Bronchitis, with destruction Obstruction of small intestine. of tissue. Pancreatic'disease. Carcinoma of liver. Peritonitis. stomach. Poisoning, lead. Cholera. ptomaine. Constipation. Pus, absorption of. Creosote. Tabes. Diet, meat. Tonsilitis. Toxæmia, intestinal. Eggs. Empyema. Tuberculosis. Exercise, excessive. Turpentine.

SUGAR.

Of course, the term sugar covers lactose, pentose, levulose, etc. When we speak of sugar in the urine, however, we usually refer to glucose. The principal source of sugar is the carbohydrates which were taken as food. They are converted into glucose and stored in the liver and fed from it to meet the requirements of the organism. Glucose may, however, be derived from proteids or fats which may account for the great wasting taking place in some diabetic patients. It is possible to reduce the amount of glucose from 6 per cent. or 7 per cent. to nothing through the institution of dietetic measures, but in all probability such measures only reduce the





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strain caused in these patients by carbohydrate metabolism. A cure must be produced through some other means.

If sugar is present it is essential that we examine for the presence of Acetone and Diacetic acid, which see.

SUGAR PRESENT. Liver, fatty degeneration of. Acromegaly. Locomotor ataxia. Alchoholism. Malaria, during convales-Amyl nitrate. cence from. Apoplexy. Measles, during convalescence Arteriosclerosis. from. Medulla, lesions of. Arthritis, rheumatoid: Boils. Melancholia. Brain, concussion of. Meningitis, cerebral. pressure from hemorrspinal. hage, etc. Mental strain. Caffeine. Mercuric chloride. Carbohydrates, excess in diet. Morphine. Multiple scleroses. Carbuncles. Cerebral tumours. Neurasthenia. Cervical vertebræ, fractures of. Obesity. Cholera, during convalescence Pancreas, carcinoma of. from. Pancreatitis, chronic. Chyluria. Paresis. Cocaine. Pertussis. Convalescence from acute Phloridzin. fevers. Pituitary disease. Poisoning, lead. Dementia, paralytic. Diabetes mellitus. phosphorus. Diphtheria, during convales- Portal obstruction. cence from. Pregnancy. Epilepsy, following attacks. Rabies. Ether. Scarlet fever, during convales-Exophthalmic goître. cence from. Fractured skull. Strychnine. Functional neuroses. Syphilis. Gastric ulcer. Tabes.. Tetanus. Gout. Hydrophobia. Theobromine. Kidney, accompanying hemorr- Thyroid, after removal of. disease. La Grippe, during convalesextracts. cence from. Typhoid, during convalescence Liver, ¢irrhosis of.

DIACETIC ACID AND ACETONE.

These substances are formed from decomposition of fats and proteids, the result being beta-oxybutyricacid. This in turn breaks down to form diacetic acid



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and water and the diacetic acid in turn breaks down forming acetone and carbon dioxide. small amounts of diacetic acid are formed the change to acetone commonly takes place with sufficient rapidity so that on examination of the urine only Diacetic acid may be found if examinacetone is found. ation is made as soon as the urine is passed, while the sample may give a negative result if allowed to stand a few hours.

The elimination of carbohydrates from the diet of a diabetic patient with the consequent high proteid and fat in-take is often responsible for the presence of acetone in the urine. The finding of diacetic acid in the urine of these patients usually has grave prognostic. significance.

DIACETIC ACID PRESENT. Auto-intoxication. Diabetes mellitus.

Diet, non-carbohydrate.

Digestive disorders.

Fasting. Gastric ulcer.

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Liver, cirrhosis of. Morphinism.

Pregnancy, vomiting of.

Pyrexia. Rectal feeding. Toxæmias.

ACETONE PRESENT.

Addison's disease. Alcohol.

Auto-intoxication.

Carcinoma.

Cerebral disease.

Chloroform.

Cyclic vomiting.

Diabetes mellitus.

Digestive derangements.

Diphtheria. Eclampsia.

Eggs.

Epilepsy, after attacks.

Ether.

Exophthalmic goître.

Fat.

Gastric ulcer. Hyperpyrexia.

Inanition.

Locomotor ataxia.

Measles. Melancholia. Nephritis.

Pancreas, extirpation of.

Paresis.

Phosphorus poisoning.

Pneumonia. Pregnancy. Psychoses. Rectal feeding. Scarlet fever. Septicæmia. Small-pox. Starvation. Tabes.

Tuberculosis third stage).

Typhoid.

DIAZO.

A number of different diseases and drugs may cause the presence of the diazo reaction. Typhoid, tuberculosis, measles and septic conditions are, however, the principal ones. When present in lung or kidney con-



ditions, tuberculosis should always be thought of as the underlying cause. On the other hand, when the presence of one of these diseases is known it should be remembered that iodine or its compounds, and gallic and tannic acids, cause a negative reaction where otherwise a positive reaction would have been found.

DIAZO REACTION PRESENT.

Alcohol.

Carcinoma. Chrysarobin.

Creosote.

Creosol.

Dionin.
Diphtheria.
Erysipelas.

Guaiacol. Heroin.

Measles.

Morphine. Naphthalene.

Nephritis (tubercular). Peritonitis (tubercular).

Phenol.

Pleurisy (tubercular).

Pneumonia.
Scarlet fever.
Septicæmia.
Tuberculosis.
Typhoid.

ALBUMEN.

When we speak of albumen we commonly mean serum-albumen. Globulin, hemoglobin, albumose, peptone, etc., at times have a bearing on the case, but in the great majority of instances serum albumen is the one which has the greatest clinical significance. Albuminuria may be caused by changes in the kidney epithelia, changes in the blood, or changes in the blood pressure. Any one of these causes may allow of the passage of albumen from the blood stream through the delicate animal membrane, composed of epithelial cells, into the tubules of the kidney.

It is possible to detect albumen in many cases, probably in the majority of people if a delicate enough test is used. Such delicate tests have no value to patient or physician, and should be discarded for those which have been proven to react to not less than 1 to 40,000 or 50,000 parts of albumen.

Functional albuminurias are a fact and the cause such as excessive proteid in-take, unusual muscular exercise, etc., should be carefully looked for when no apparent cause has been found which will account for the albumen. Essential albuminurias are often spoken of but undoubtedly each one has an underlying cause which will account for the condition. Albumen is dis-



covered, not a few times, without the presence of inflammation in the kidney. Mechanical injury, as from floating kidney, toxæmias producing self-hæmolysis, etc., should be guarded against.

So much may be learned from the presence or absence of albumen that many physicians have allowed themselves to overlook the value of most of the other chemical tests. Though the finding of albumen and casts is of such great diagnostic import, the mere fact that one has looked for their presence does not signify that the patient has received the attention that his case war-This I hope has been proven by the foregoing pages.

ALBUMEN PRESENT.

Abscesses draining into urinary Heart, valvular disease of.

tract. Alcohol.

Amvloid. Anæmia, pernicious.

Anæsthetics. Aneurysm.

Antimony. Arsenic. Blood.

Blood pressure increased.

Bronchitis, chronic.

Burns. Calculus. Cantharides. Carcinoma.

Cerebral tumours.

Cerebro-spinal meningitis.

Cholera. Colic.

Delirium tremens.

Diabetes. Diphtheria. Eggs.

Endocarditis. Epilepsy.

Erysipelas. Exercise, violent.

Exophthalmic goître. Faradism.

Gastric ulcer. Gastro-intestinal diseases (especially in infants).

Gonorrhæa.

Gout.

Hemoglobinuria, paroxysmal.

Hepatitis, acute. Hyperpyrexia. Hydrophobia. Influenza.

Intestinal tumours.

Jaundice.

Kidney, acute atrophy of.

congestion of. cystic disease of. embolis in. fatty.

tubercular. Lead poisoning. Leucorrhœa. Leukæmiå.

Liver, acute yellow atrophy of.

Meat.

Mediastinal conditions. Medulla, lesions of.

Melancholia. Mercury. Migraine. Milk. Morphine. Mumps.

Nephritis, acute.

chronic. Osler's disease. Ovarian tumours.

Oxaluria. Pancreatis. Paratyphoid.





Phosphorus.

Pneumonia. Pregnancy.

Prostatic fluid. Prostatitis.

Purpura. Pus.

Rabies.

Raynaud's disease.

Rheumatism, acute.

Salicylic acid. Sandalwood oil.

Scabies.

Scurvy.

Seminal discharge.

Silver.

Spine curvature of. Stomach, dilatation of.

Surgical shock.

Syphilis. Tetanus.

Tuberculosis, acute/

Uranium. Urethritis.

Variola.

Vena cava, pressure on in-

ferior. Weil's disease.

Yellow fever.

Conclusion: The author claims no originality for much of the data, though numerous additions have been made from facts gathered through his own experi-Other chemical phases might be handled in a like manner, but he hopes that sufficient evidence has already been given to prove that there is a great diagnostic and prognostic significance in the Urinary Findings when viewed from a chemical standpoint.

SOAP: ITS USE, MISUSE, AND ABUSE.*

By Frank H. Barendt, M.D. Lond., F.R.C.S. Eng.,

Physician to the Department for Diseases of the Skin, Royal Southern Hospital; and Physician to St. George's Hospital for Diseases of the Skin; Honorary Consultant in Dermatology to the Military Hospitals in the Liverpool Centre.

"Nil prodest, quod non lædere possit idem."—OVID,

OF all the articles used in the household, perhaps there is not one of which the composition is so little known as that of soap. One outcome of this popular ignorance is that no article is advertised so extensively, and certainly none on behalf of which such extravagant claims are put forth in most captivating and artful style, as soap. Indeed, both literature and art have been enlisted to extol its teeming virtues, and one must admit that some of the short, trite sayings about

* From The Medical Press.



it, as they catch the eye of the passer-by, are not only smart and suggestive, but to a high degree entertaining. At the present time rival soap manufacturers are advertising their products with pictorial displays of our armed forces, afloat, on land, and in the air, testifying to the virtues of their particular brand of soap. The public, at any rate, are not being allowed to forget the names of the various brands, and still less those of the originators. Before proceeding to these points of my paper, I wish to give you a short outline of the history, compositon, and varieties of soap.

The word "soap" (written "sope" in Old English) belongs etymologically to the same root as all the cognate words in the Teutonic branch of Indo-European languages. Vowel modification is the main distinction in the various modern European tongues, with an initial consonant variant. "Soap" and the Latin sebum are akin, and it signifies originally a fatty product. In the Slavonic group the word translated as "soap" means a substance used in washing, and is

derived from the verb "to wash."

Man by nature is a scratching animal, and there are many ancient saws and proverbs in all languages illustrating this propensity. No wonder, then, that he sought out various detergent and abstergent substances to use in washing, and yet soap is of comparatively recent introduction into his life as far as records go. The ancient Egytians used vegetable juices and friable earths such as fuller's earth in their ablutions as well as for washing their garments. Probably the Jews did The word "soap" is mentioned once in the same: the Bible (Malachi iii. 2) in connection with fuller's soap, but it evidently signifies fuller's earth, terra fullonis, and not soap in our sense of the word. Job, to ease his skin affection "took him a potsherd to scrape himself withal, and he sat down among the ashes."

Coming to the Roman era, the great historian Pliny the Elder states that the Gauls were the inventors of the art of soap-making. They made soap from the fat of goats and the ashes of the beech. Soap was in use



by the Romans, and in the ruins of Pompeii a soapmaker's shop has been discovered, and is on view.

In more recent times Marseilles became the chief seat of its manufacture, and still retains its reputation for soap, especially toilet soaps. The olive tree, grown in abundance in the South of France, furnishes the fruit from which the oil is obtained. The oil of Provence is considered to be the best. The crude soda obtained by calcination from maritime plants growing on the coast of Spain is known commercially as barilla—the Spanish word barrilla means a little This is chemically an impure carbonate of sodium. Castile soap, the product of barilla and olive oil, derives its name from Castilia, a province in Spain.

When alchemy was ousted by modern chemistry soap-making became established as a scientific manu-Especial attention was paid to the alkalies used in the manufacture of soap. Leblanc's process for the manufacture of soda from common salt was a most important chemical discovery. Its practical development in St. Helens by the late Mr. James Muspratt, father of the present respected bearer of that name, did more for soap than any other invention. At the beginning of the nineteenth century the manufacture of soap received a great impetus through the importation of palm oil obtained from the West Coast of Africa, and of coco-nut oil expressed from the fruit of Cocos nucifera growing in the Cocos Islands and the East Indian Archipelago. The pulp is known commercially as copra, and the oil often called copra oil. must not be confounded with cocoa butter—oleum Theobromæ. This is expressed from cocoa beans, and used in our Pharmacopæia as a basis for suppositories and pessaries. In later years vegetable oils from tropical nuciferous trees have been extensively used in the production of soap. Such oils require a large amount of alkali for saponification, and soaps made from these oils alone should not be used for the skin. They are too searching.

To discuss the manufacture of soap is beyond my province, but the composition of those soaps used for toilet purposes is of special interest for us. Not only



should we be acquainted with their chemical constitution, but we should also know some of the various ingredients that are added to soap, but in no wise increase its efficiency as a detergent.

Chemically, soap is an organic salt formed by the interaction of an alkali and an acid. The alkalies are caustic soda and potash, and the acids are the number-less fatty acids of the animal and vegetable kingdoms. Fats and oils are glycerides of acids, and when an alkali is added soap is formed, together with glycerine, at one time regarded as a waste product. Practically the caustic alkalies, soda and potash, alone form soap in sensu stricto, but linimentum calcis, linimentum ammonia and emplastrum plumbi are examples of similar chemical interaction.

There are three soaps that are official in the Pharmacopæia, and from a skin point of view sufficiently meet the requirements of the medical profession and satisfy all the canons of personal hygiene.

Sapo animalis is practically stearate of sodium, and produced by the action of caustic soda on purified animal fat, largely composed of stearin. It is the type of hard soaps, and is known as curd soap, because of the curd-like flakes that are formed during its manufacture.

Sapo durus, olive oil soap, Castile soap, is an oleate of sodium obtained from the action of caustic soda on olive oil.

Sapo mollis, soft soap, is an oleate of potassium prepared from caustic potash and olive oil. Sapo mollis contains all the glycerine set free in the chemical process

All these soaps of the Pharmacopæia have to conform to rigid tests. The alkalies used, as well as the olive oil, must be free from every kind of impurity and adulteration. The soaps themselves must be neutral—i.c., no free caustic alkali is allowed, no excess of unsaponified oil, and only a trace of alkaline carbonate is permissible, and the amount of water is strictly limited. The points are worthy of mention, as they plainly show what the standard of a pure soap should be. Further, they indicate the harmfulness of any deviation from





that standard, at any rate, from a hygienic point of view.

Of the numerous substances used in the manufacture of soap used in the household, resin is the bestknown. Resin, owing to the acids present, forms salts with caustic soda—pinate of sodium, which, however, though soluble in water, does not undergo decomposition. Its presence in moderate quantity in saponified tallow would seem to increase the detergent action. Its peculiar odour is rendered less objectionable when combined with rancid tallow, i.e. tallow containing free fatty acids. Rancid tallow is naturally cheaper than sweet tallow, and therefore it does not always follow that resin is in the soap solely for its efficacy as a detergent, but rather for its cheapening effect. When the ingredients, the tallow, resin, and alkali, are of great purity, the product is known as Primrose soap—another example of pleasing suggestiveness in the nomenclature of soap.

Silicate of sodium—soluble glass—is often used in the manufacture of domestic soaps. It gives body to the soap and makes it compact. Moreover, both silicates of sodium and potassium resemble soap in that they readily part with the alkali when brought into contact with water. Thus the presence of these silicates enhances the detergent properties of soap. This invention was discovered by Gossage, and is made use of in the manufacture of the soap that goes by his name. Sulphate of sodium is frequently used in highly watered soaps. It causes them to set hard, and thus enables a manufacturer to make a so-called soap which may contain less than 20 per cent. of

true soap.

Starch, fuller's earth, kaolin, are among the substances in use for giving body to the soap. Not one of these should enter into a soap intended for the toilet, although, as a matter of fact, among the poor the same soap is used for washing the body as for household purposes.

The manufacture of toilet soap is generally carried on by perfumers, who receive the soap from the soapmakers. The soap blocks are first cut up into fine



shavings, these are then melted, and at the same time a certain amount of evaporation of the water contained in the soap is allowed to take place. The blending of the various perfumes and colouring matters, varying from the natural scents and colours to the latest synthetic productions, takes place. These adjuncts are thoroughly incorporated into the melted soap by what is termed continual crutching. When this stage is completed the product is transferred to frames, and allowed to cool. The framed soap is cut into cakes, moulded and stamped and ready for sale, with all its merits graphically and pictorially described according to the flights of fancy of the proprietor.

The best type of toilet soap undoubtedly is represented by sapo durus, or perhaps a blend of sapo durus and sapo animalis—chemically considered, a combination of oleate and stearate of sodium.' The colouring substance and perfume that may be added in no wise detract from its usefulness as a detergent, and render the article a more elegant preparation by pleasing the sense of sight as well as that of smell. The psychic effect is by no means to be belittled, for we all know how a pleasant perfume is revocative of pleasant memories of long ago. The time-honoured brown Windsor soap, in spite, of many rivals, still holds its own as an excellent withal elegant soap. very colour obscures the begrimed fissures which in the case of a white soap at times stands forth in shaggy outline "repellent to the eye, reminiscent of dirt its only enemy." This soap is made from nine parts of tallow, one of olive oil, and soda is the alkali. The perfume is a blend of oils of carraway, oil of bergamot, of lavender, and of rosemary, and the brown colour due to burnt umber.

Almond oil soap is made from oil of sweet almonds, and when made of good materials is the most expensive $qu\hat{a}$ soap. In France the best class of toilet soap is made by a cold process, *i.e.*, no heat is used.

Naples soap is a soft soap made from hog's lard and potash. It is often called almond cream, but only because it is perfumed with oil of bitter almonds. Some use it for shaving, and it is a good type of toilet



soft soap, i.e., if soft soap is to be used daily for the skin. All shaving soaps contain potash soap judiciously mixed with hardsoap. The potash acts more energetically on the hair, softening this, and such a soap produces a compact/non-aerated lather, which dries but slowly. The difference between this and that shaving soap is the difference of the side issues which the respective proprietors magnify, to the mystification, I fear, of the buyers.

Powdered toilet soaps are largely stearates of soda

and potash freed from moisture.

Soap essences are alcoholic solutions of either hard soap or soft soap, or a combination of these appropriately scented,

Spiritus saponis alkalini is an alcoholic solution of

sapo mollis perfumed with oil of lavender.

Transparent soaps are prepared by drying thoroughly the soap mass composed of sapo animalis, durus, and mollis in varying proportion. The desiccated soap is then dissolved with gentle heat in rectified spirit, which contains the colouring matter and perfume. The spirit is allowed to evaporate from the mass, which acquires its characteristic translucence after prolonged exposure to air. Resin and sugar are adjuncts in these soaps, which increase their lustre and compactness and adhesiveness. The last property is artfully used as an appeal to the careful housewife, who can attach the remaining small piece to a fresh cake without incurring any waste of the precious soap.

From what I have said it will be seen that, apart from the cost of advertising that which adds to the expence of a toilet soap is the cost of the perfume, and to some extent that of the colouring matter. Attar of roses makes a soap cake very expensive, and to a certain extent the delicate tinting; but neither the one nor the other adds anything to its usefulness as a

cleansing agent.

USE OF SOAP.

When soap is brought into contact with water hydrolysis of the fatty salt takes place. The alkali and the fatty acid are set free. The small quantity



of alkali thus liberated attacks the fatty secretion which binds the dirt to the skin, forms thus a soap which, being soluble in water, washes off the particles of dirt. At the same time, the fatty acid, coming into contact with the cleansed skin, softens and smooths it. In doing so it neutralises any free alkali still remaining on the skin, and thus prevents irritation and reddening of the integument. The power of cohesion which a soap solution possesses is also an important factor. The well-known soap bubble is evidence of this, and the lather, which may be regarded as myriads of soap bubbles, tends physically to attract to itself the dirt thus loosened by the chemical action and mechanical friction. Minute particles suspended in water under the microscope exhibit a characteristic rapid movement. This pedetic action, as Professor Jevons terms it, is enormously increased when the particles are suspended in a weak soap solution. therefore a soap acts thus, provided the skin is normal, its use is wholly beneficial, and it fulfils its purpose, not only as a dirt remover, but also as a defender of the integrity of nature's sole line of defence—a 'sound But, like most products of civilisation, its usefulness may be impaired by attributing to soap properties which are figments of the imagination, based, alas! on sordid motives. The amount of soap used is the measure of civilisation a community, has arrived at. But from a skin point of view the question is not how much, but rather how little should be used to effect cleanliness and well-being. This is especially the case with children, and those who have the care of them should not forget that soap becomes easily a twoedged sword. With one you may remove satisfactorily the adherent dirt; with the other edge you may damage the skin, render it brittle, and thus prepare a suitable medium for the infectious micro-organisms.

The degree of hardness of the water is inseparably associated with the action of soap. The harder the water the more difficult it is to use soap satisfactorily. During hydrolysis the lime salts seize hold of the fatty acids forming oleates and stearates of calcium, setting free too much alkali, which in turn irritates and roughens



the skin. Moreover, much more soap is needed to produce a satisfactory lather. When Glasgow was supplied with soft water from Loch Katrine it made a difference of several thousands a year in the money spent on soap. A gallon of certain water in Kent was so hard that nearly half an ounce of soap (236 grains) was necessary to overcome the hardness before any of the soap became available to form a lather and exert a cleansing action upon the skin. One degree of hardness in water will waste ten grains of soap per gallon of water used. It is therefore important from a hygienic standpoint that the water used should be soft, and thus permit hydrolysis of soap to act at its best. Fortunately, Liverpool water from Lake Vyrnwy is admirable in this respect and patients living outside Liverpool, in washing their hands, have often attributed the pleasing effect to the soap used instead of to the softness of the water.

Superfatted soaps are of comparatively recent introduction. Such a soap contains an extra amount of fat, and is recommended especially in those cases where the skin is tender and is naturally deficient in grease, e.g., in xerodermia. The amount of unsaponified fat is 4 per cent. and both soda and potash are used in their preparation. They are claimed to be a . German invention, and were introduced into medical practice by Unna and extravagantly lauded by some of his admirers in this country. At present superfatted soaps are popular, but it is well to remember that unless the fat be pure and sound there is a risk that the unsaponified fat clinging to the skin may decompose, and so irritate the integument, and do exactly what it was hoped to prevent. Superfatted soap may be used with advantage in place of a neutral one where the water is hard, and thus mitigate the drawbacks attendant on the regular use of hard waters.

Grit soaps are useful in the treatment of callosities and for removing engrained dirt. Powdered pumice is a frequent ingredient, and when thoroughly incorporated in a hard soap acts well as a powerful detergent. In patients suffering from auxiliary osmidrosis—hircismus from the goaty odour—the use



of a well-known advertised grit soap effectively removes the hircine odour which clings to the hair. This, I may remark. should never be cut or the part shaved; such procedures invite the establishment of intertrigo and intense pruritus, not to mention the removal of nature's safeguard against frictional eczema.

Sapo mollis or sapoviridis is often prescribed as a hair' wash under the form of spiritus saponis alkalini. is sometimes too searching in its effects by reason of the alkali, and to neutralise this the hair may be rinsed in water, to which a little toilet vinegar is added.

Sapo mollis may be superalkalised by adding potash and powdered pumice incorporated with the object of removing scales as in psoriasis. This modified soap should be used as an ointment combined with friction, and allowed to remain in situ some hours before a bath is taken.

MISUSE OF SOAP.

Bearing in mind the composition of soap and its hydrolysis, I consider soap is misused when it is employed as a vehicle for medicaments. I attach no therapeutic value to the medicated soap. Among the medicaments used are the various kinds of vegetable and mineral tars—naphthol, sulphur, carbolic acid, mercury, and arsenic. The amount of medicament incorporated in the soap is limited by the efficient action of When used for washing, the small quantity set free, and its transient contact with the skin, can have no therapeutic result. Moreover, if the lather be left on, the action of the alkali would predominate over that of the medicament. With the public the psycho-therapeutic effect of a medicated soap is, I believe, its greatest asset. Tar soaps leave behind a fragrance which soothes the mind and dispels fear of infection. In the preparation of mercurial soaps not more than 6 per cent. of unguentum hydrargyri can be mixed with the fat previous to saponification, and the washing of the hands with such a soap would scarcely conform to the standard of sterility the surgeons aim I see, however, no objection to the use of such a medicated soap when the treatment of the skin by the

same drug in ointment does not entail prohibition of soap and water. It has at least the merit of continuous and not intermittent treatment.

There is one medicated soap official in the British Pharmacopæia. It is not used as a soap at all. I allude to linimentum potassi iodidi cum sapone. It is a favourite application with some surgeons for inflamed joints and enlarged glands. It is what pharmacists call an elegant preparation of a white creamy consistence delicately scented with oil of lemon, and readily rubbed into the skin. The late Sir William Banks was particularly fond of this preparation. The soap used is sapo animalis. I do not know whether the potassium iodide has any great therapeutic effect used in this combination.

Sapo mollis can be used as a vehicle for medicaments and superfatted or superalkalised, but here it is not used as a soap. Unguentum β -naphthol compositum, introduced by the late Professor Kaposi, of Vienna, for scabies, and often called Kaposi's ointment, is a superfatted β -naphthol soft grit soap.

ABUSE OF SOAP.

There is no doubt that many patients are addicted at one time or another to the over-use of soap. They make a fetish of their favourite brand, and pride themselves upon their love of cleanliness; and their smug superiority to those who are not quite so soapy in their ways is only too patent. As I have already pointed out, even the best soap can be abused. alkali may chip and furrow the epidermis, and produce slight scaliness over the prominences of the face and hands—regions more washed than any others. have often seen these furfuraceous patches on the faces of members of the Medical Institution-not sufficiently serious, perhaps, to hie them to a specialist. In children they are frequent, and it is these patches due to abuse of soap which are apt to become inoculated with micro-organisms, and finally portray the picture of impetigo. Among the poor the household soap is used for washing the body. If the soap is what is termed a quick washer—i.e., made from



copra—it requires a considerable quantity of alkali to saponify it, and consequently when used with water a corresponding amount of alkali is set free. This is probably an explanation of the number of cases of impetigo seen among hospital patients.

Nurses often use too much soap on their patients, especially when these are confined to bed. The secretion of the skin is sluggish, and the excessive removal of the natural grease leaves the skin rough and branny. As those patients who are bedridden show this state of skin most frequently, it has been described as pityriasis tabescentium by authors of old medical works.

Surgeons before they adopted gloves for operations, with their well-known zeal for cleanliness, constantly used too much soap, and their hands suffered. The skin was scabrous, red, and undoubtedly invited insemination of micro-organisms. Their surgical forefathers laid great stress on the cleaning of the skin, Old books on surgery constantly speak of "mundifying the region," and "when thorough mundification has taken place." But they were careful not to be too vigorous, as some more modern surgeons would appear to be, in mundification. More than once have I seen untoward effects, pruritus, and redness, resulting from too much soap being used to the site of operation, and the surgeon querying in his mind whether it is erysipelas that has supervened.

Many patients suffering from pruritus without any apparent cause will be found to be using too much soap. Bath pruritus is really due to the action of the alkali on an over-washed skin; itching around the orifices is constantly aggravated, and perhaps more often fretted into existence than most medical men think, by abuse of soap. The delicate skin of newborn babes has been irritated through the mistaken zeal of the nurse in over-soaping to remove the vernix caseosa. The intertrigo of the napkin area in infants is frequently caused by abuse of soap. Frictional eczemas are invariably aggravated by soap and water. A moment's consideration explains the situation. Soap is brought into contact no longer with the ex-





ternal layer of epidermis, but with the delicate deeper layers never intended to be exposed to external influences. Soap acts as a foreign body to the skin, and as such must be kept away if further injury is to be prevented.

In the treatment of skin diseases it is of importance to ascertain the various external influences that have been at work. Of these not one is more important than the question of soap.

As in gastro-intestinal disturbances we naturally inquire about the diet, so in cutaneous diseases we must decide whether soap is to be used as heretofore. Then when we are called upon to advise our patients about the kind of soap, we should prescribe, as with our drugs, that soap the composition of which we know. When soap can be resumed, we have in sapo durus a sound preparation, whose action we can gauge and control. When our patients are well, doubtless as in diet so in soap they will please themselves, and as long as they buy a toilet soap of good repute they run no risk. For British toilet soap has a reputation in the world second to none.

I conclude by drawing your attention to the importance of a sound skin. In the treatment of diseases prevention is better than cure: "Principiis obsta, sero medicina paratur." Let me alter another saw and apply it to the subject of my paper in relation to the treatment of skin diseases: "Soap is a good servant, but a bad master."

Cave saponem!

THE CHILDREN'S HOMŒOPATHIC DISPENSARY.

THE Third Annual Meeting of members, donors and subscribers of The Children's Homœopathic Dispensary was held in the Board Room of the London Homœopathic Hospital, Great Ormond Street, Queen Square, W.C. (by kind permission of the Board), at 5 p.m., on Wednesday, 27th June, 1917.



There were present: Mr. E. Handfield Morton (in the Chair in unavoidable absence of the President, Sir George Wyatt Truscott, Bt.), Miss Bell, Dr. Galley Blackley, Mrs. Wilkinson Brooks, Dr. Burford, Mrs. and Miss Callard, Dr. and Mrs. J. Roberson Day, Mr. James Johnstone, Dr. John Murray, Dr. and Mrs. J. C. Powell, Miss Noble Taylor, Dr. John Weir, and others.

The Secretary read the notice convening the Meeting.

Regrets for absence were received from the President, Sir George Wyatt Truscott, Bt., Lady Ethel Baird, Mrs. E. Handfield Morton, and Mr. Budden.

The minutes of the Second Annual Meeting held 28th June, 1916, were taken as read, adopted and signed.

The Third Annual Report of the Dispensary, presented 1916, was read by the Secretary and adopted.

The Chairman stated that the work of the C. H. D. had been continued quietly and steadily, in spite of the many difficulties occasioned by the continuance of the War. The work of the Committee, he stated, had been severely handicapped, not only by the very great loss which they had sustained by the death of Mr. Ralph Callard, who, since the foundation of the Dispensary in 1913, had been Chairman of the Committee and their very good friend, but, also, by the sad death of Dr. Arthur G. Sandberg, who had not only always been of very great assistance to the Committee, but whose kindness and attention to the patients was unremitting. As regards the future they looked forward with hope. The Committee were doing all they could towards obtaining new subscribers, which need, he said, the Treasurer had emphasised in his Financial Report for 1916; and he hoped to see a much extended list in next year's Report. He then briefly referred to the deficit of f_{26} odd, as shown in last year's accounts, which owing to the effort of the members of the Committee during the current year in obtaining donations, had been completely wiped off, and he explained that, as these donations had been received since the end of their financial year and the





closing of the accounts, it had not been possible to include these figures in the Balance Sheet and thus show the Dispensary with a balance on the right side, which was happily the case at the present time. He said he was sure all were heartily grateful to those friends who had come forward to help them at a pinch (Applause).

The Chairman then stated that the present Annual Meeting were asked to confirm certain alterations to Rules 5, 6, 7 and 9 of the Rules of the C.H.D. (as resolved at a Special General Meeting held 25th October, 1916, and as advised by a Special, Sub-Committee appointed dy the General Committee),

which he read.

After a slight modification to the proposed alteration to Rule 5,

The Chairman moved, Dr. J. Roberson Day seconded that the alterations to the Rules in question be approved, and the resolution was carried

uanimously.

Dr. J. Roberson Day proposed, Dr. J. C. Powell seconded and it was unanimously resolved that the President, Vice-Presidents, General and Ladies' Committees, the Treasurer, Auditors and Solicitors of the C. H. D. as shown in the list of officials on page 3 of the Report presented 1916, be elected for the year 1916-17.

The Chairman proposed a very hearty vote of thanks to the Medical Staff for their unstinted services they have rendered to the patients of the Dispensary

throughout a very trying year.

Mrs. Wilkinson Brooks seconded the motion and it was carried with acclamation.

Dr. J. Roberson Day responded on behalf of the Medical Staff, warmly thanking the meeting for the vote just passed. He said that their work was always a labour of love; it had been said that "the race marches forward on the feet of little children," and when they came to think of the great possibilities there were in the future for the rising generation their efforts should be encouraged and supported, especially at the present time. He remarked that it was a very diffi-

cult time to appeal for funds, but he sincerely hoped that all would do their very best to bring the knowledge of the important work being achieved by the C. H. D. to their friends, and, if possible, obtain for the Dispensary some additional subscribers or donors to the funds. He reported the need of a masseuse to take charge of the Department for massage and remedial exercises (which had done such good and appreciative work during the year), and asked if anyone of those present at the meeting who knew of anyone who might be willing to give their services in this direction, would they introduce them to the Committee who would be very grateful for such information. In conclusion, Dr. Day said that he would like to mention one encouraging fact, namely, that they had received from Lady Durning Lawrence her cheque for £200 towards 'acquiring a freehold site for the Dispensary, which would he hoped; place the institution on a firm basis (Applause).

Miss Noble Taylor proposed, Dr. J. C. Powell seconded and it was resolved that the best thanks of the Dispensary be conveyed to the Board of Management of the London Homœopathic Hospital for according them the use of the Board Room for the present Meeting.

Mrs. Roberson Day proposed a hearty vote of thanks to the Chairman for the great service he had rendered the Dispensary and for so kindly presiding over the present Meeting.

Dr. J. C. Powell seconded the vote, which was carried by acclamation and briefly acknowledged by Mr. Morton.

SOCIETY'S MEETING.

BRITISH HOMOPOPATHIC SOCIETY.

The annual assembly of the Society was held on June 27th and 28th, the President being in the chair. On the first occasion some cases of great interest were shown by Mr. Eadie, Dr. Hey, Dr. Tyler and Dr. Neatby, and Dr. Neatby read a paper on simple

On the 28th, the report of the Council and Treasurer's statement (the last showing a satisfactory balance to the good) were presented and adopted. After some discussion the Society decided to limit the number of meetings in next Session to six, meeting every other month. The existing officers were recommended for re-election as last year, as this course seemed the simplest in the existing unprecedented circumstances.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.I.

RECEIPTS FROM 16TH JUNE TO 15TH JULY, 1917.

GENERAL FUND.

Subscriptions.

H. Manfield, Esq	d.
Mrs. F. Claughton Mathews 1 1	0
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Miss Cunningham	0
J	0
Dr. Neatby I I	0
E. H. Morton, Esq	0
Mrs. E. H. Norton I I	0
Dr. George Clifton I I	О
Dr. Pullar I I	0
E. Carr, Esq	o

The usual Quarterly Meeting of the Council was held at Chalmers House on Tuesday, 10th July, at 4.30 p.m.

A Meeting of the Beit Research Fund Committee was held at Chalmers House on Tuesday, 10th July, at 5.45 p.m.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Tuesday, 17th July, at 4.30 p.m.



EXTRACT.

REMEDIES IN EPIDEMICS.*

The winter just passed has been a very severe one in Philadelphia because of the epidemic of influenza and more especially of influenzal pneumonia, which diseases enormously influenced both the morbidity and mortality figures of the city while the trouble In looking over an old edition of the Homæopathic News, found among some data left by Von Lippe, the writer came across an account of the remedies found useful in the epidemics of the spring and summer of 1855 in Philadelphia. It appears from this old slim-leafed homoeopathic journal that "The second week of February, a violent N.W. wind prevailed, which was followed by influenza." Among the principal medicines used at that time specific mention is made in the account of Belladonna, Arsenic, Ammonium Ammonium carbonicum, Phosphorus, muriaticum. Bromine, Byronia, and Lachesis. There then follows very properly the indications calling forth this list in. treatment.

Belladonna.—Chill, followed by fever, chill and fever alternating; chilly whenever the position in which one lies is changed; throbbing headache; red face; aversion to light; inflammation of the throat; pain in the back as if it would break; pain in all the limbs; some discharge from the nose; dry, hard, periodical or barking cough, with headache and pain in the abdomen.

Arsenic.—Profuse watery discharge from the nose, excoriating the nostrils and making the upper lip sore.

Ammonium muriaticum.—Watery discharge from the nose; nose stopped up; can only breathe through the nose; cough; hoarseness and burning in the larynx. (This is italicised in the journal. Phosphorus certainly has these two symptoms in a most marked degree as elicited by proving.)

* From The Hahnemannian Monthly



Ammonium carbonicum. — Fluent coryza, with stoppage of the nose, and cough after midnight (two to three o'clock A. M.).

Phosphorus.—Fluent coryza, with cough which is worse before midnight, with hoarseness, soreness and burning in the chest.

Bromine.—Fluent coryza; first the right nostril is stopped up, and then the left; headache in the forehead, especially on the right side, with a pressure downward, as if the brain was forced down through the nose; short, dry, hacking cough, with difficulty in breathing, which is short and hurried.

Bryonia.—Chill, followed by heat; pain in the head, as if it would split; pain in all the limbs; cough, with stiches or soreness in the chest; all worse when moving.

Lachesis.—Headache in the forehead; the discharge from the nose is trifling; throat sore, especially when touched; very soon the nose discharges profusely, and the throat and head are relieved.

CORRESPONDENCE.

THE DR. PINCOTT FUND.

[To the Editor of the "Homeopathic World."]

DEAR SIR,—As Hon. Treasurer I have the privilege of acknowledging the following generous donations to this Fund.

The Committee think it desirable to close the list at an early date. If any friends have had the intention of contributing and have overlooked the appeal, there is still time to carry out this kind proposal.

I need not say how very gratified the Committee are with the noble response already received.

I am, Sir, very truly yours,

EDWIN A. NEATBY.

82, Wimpole Street, W.C.



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BRITISH HOMŒOPATHIC CONGRESS.

[To the Editor of the "Homoopathic World."] Dear Sir.

At the eminently successful Congress held in London in 1914, it was unanimously agreed that the next assembly should meet in Bath in 1915.

Hard on the heels of this decision came the outbreak of the Great War. At a meeting of Council held in 1915 it was judged best to defer the meeting of Congress until 1916, with the earnest hope that by that time the clash of arms might have ceased. The Council, in 1916, finding the patriotic energies of this country increasingly activated by the requirements of the time, decided, on conference with the West of England colleagues, again to defer the assembly in Bath, and carry on by a conjoint Clinical Day in London, in association with the Britsh Homeopathic Society.

The Clinical Day, carefully and well prepared for, was a conspicuous success, and represented the being

and doing of the Congress for the current year.

In June, 1917, the Congress Council, recognising with deep appreciation the widespread response by the Congress members to the call for National Service, decided that it would be ungracious to call a Congress in which so many would be unable to participate. The local advices were to the effect that the West of England colleagues desired the Congress, when held at Bath, to be fully representative. In the circumstances the Council adjudged these considerations as justifying the unanimous conclusion to rule out the Congress meeting for the present year.

The President and Secretary are desirous during the interval to keep in personal touch with the members of the Congress body, and to strengthen the sympathetic tie between them which more than ever can now be made of utility and encouragement. They will be honoured to see at any time in town any members of Congress engaged in National Service, many of whom they have reason to know have had most informing experiences. And they trust that time and place may serve later on, to bring them in closer contact also with those colleagues who are living the strenuous life in taking on the duties of their confreres who have been called to the colours.

We remain,

Yours faithfully,

DUDLEY D. A. WRIGHT, F.R.C.S.

President:

GEORGE BURFORD, M.B.

Secretary and Treasurer.



LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, **BLOOMSBURY.**

Hours of Attendance:—Medical (In-patients, 9.30; Outpatients, 2.0), Daily; Surgical, Mondays and Tuesdays, 2.0; and Thursdays and Fridays, 9 a.m.; Diseases of Women, Tuesdays, and Wednesdays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Nose Throat and Ear, Wednesdays, 2.0; and Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Monday, Thursday and (Out Patients) Saturday mornings; and Wednesday, Thursday, and Friday afternoons; Diseases of the Nervous System, Fridays, 9 a.m.; Electrical Cases, Tuesdays, and Fridays, 2.0 p.m.; Physical Exercise Department, every day except Saturday at 9 a.m.

CHILDREN'S HOMŒOPATHIC DISPENSARY. SHEPHERD'S BUSH GREEN, W.

For the treatment of Diseases of Children only. Medical Cases daily, and Special Departments for—Eye, Wednesday; Ear Nose and Throat, Wednesday; Skin, Tuesday, Wednesday and Friday. Doors open 1.30 p.m. Closed 2.30 p.m. daily, except Saturdays, Sundays, and Bank Holidays. Sir Geo. Wyatt Truscott, Bart., President. G. W. Budden, Esq., Hon. Treasurer, Dr. E. Petrie Hoyle, Hon. Sec. Telephone: Hammersmith 1023.

REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or locum tenentes. should communicate with the Secretary of the British Homæopathic Association (Incor.), 43, Russell Square, W.C., where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

To Contributors.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Biss (H. E. J.). Bailliere's Popular Atlas of the Anatomy and Physiology of the Female Body. Folio. (Bailliere. Net 4s.)
- Carrel (A.) and Dehilly (G.). The Treatment of Infected Wounds, Translation by Herbert Child, With introduction by Sir Anthony A. Bowlby, Cr. 8vo, pp. 246. (Bailliere. Net 5s.)
- Dawson (P. M.), Elements of Anatomy and Physiology for Nurses, Cr. 8vo. (Macmillan, Net 7s. 6d.)
- Dentists' Register (The), 1917. Royal 8vo, pp. 167. (Constable. Net 3s, 4d.)
- Doyen (£.), assisted by Spencer-Brown (H.). Surgical Therapeutics and Operative Technique. 3 vols. Vol. I. Royal 8vo, pp. 755. (Bailliere, sold in sets only. Net 25s.)

- Forster (Emily L. B). How to Become a Dispenser, the New Profession for Women. Cr. 8vo, pp. 107. (T. F. Unwin. Net 2s. 6d.).

 Fox (R. Fortescue). Physical Remedies for Disabled So diers. With chapters by Major R. Tatt McKenzie, Francis Harriage 10 become and Lamas R. Hernaman-Johnson, and James Mennell. 8vo, pp. 287. (Baill
- Mennell. 8vo, pp. 287. (Bailliere. Net 7s. 6d.)

 Hartley (C. Gasquome). Motherhood and the Relationships of the Sexes. 8vo, pp. 396. (E. Nash. Net 7s. 6d.)

 Jones (A. Bassett) and Llewellyn (Llewellyn J.). Malingering; or, The Simulation of Disease. With a chapter on Malingering in Relation to the Eve on Malingering in Relation to the Eye by W. M. Beaumont, Royal 8vo, pp. 730. (Heinemann. Net 25s.)

 Medical Register (The). 1917. Royal, pp. 1,282. (Constable. Net 10s.)

TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. Wheeler, Garryowen, Putney Hill, S.W.15.

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homocopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. Burford, London.—Dr. Hobson, U.S.A.—Dr. Macfarlane, U.S.A.

BOOKS AND JOURNALS . RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Med. Advance.—The Chironian.—La Hom ceopatia.—Ind. Hom. Rev.—Hom-Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.—L Omiopatia in Italia.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art

Médical.—Annals de Med. Hom.—
Hahnemannian Mon. — Pacific
Coast Journal of H.—Journal
B.H.S.—Calcutta Jour. of Med.
—Le Propagateur de L'Homœopatie.—Fran Homöopatiens
Värld,—Journal of the American
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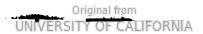
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THE

HOMŒOPATHIC WORLD.

SEPTEMBER 1, 1917.

THE SHINING EXAMPLE OF BRISTOL.

BY GEORGE BURFORD, M.B.

(Consulting Physician to the Bristol Homæopathic Hospital).

SIR GEORGE TRUSCOTT, in an inspiring address at Stationers' Hall in pre-war days, insisted on the necessity for bringing Homeopathy into the front line, and in giving its institutional work a "push": that its mot d'ordre was to move on and move up. Nor have the stress and circumstance of war whittled one iota from the fitness of this excellent counsel: all national activities now throb with effort to "make good": the urgent call to-day in every department is for efficiency: persons and things are utilised or scrapped according as they can be sped up or are loaded with inertia. And what is true for the National service in the whole is true for the part played by Homeopathy.

Mr. Lee Matthews, the Palinurus of British Homeopathy, has been on fitting occasions no less pointed and apposite in insistence on what makes for success. Not the sojourn of a good cause in a backwater—safe but suicidal—but the thrust of dynamic into machinery so as to move out into that tide in the affairs of men which leads to fortune. "Dynamic" is the word of Mr. Lee Matthews' own choice: there is none of more sovereign import in Homeopathy.



The editor of "THE HOMOOPATHIC WORLD," with his customary felicitous pen, has not been slow to point the moral: we anticipate with confidence he will also ere long adorn the tale. The stirring leader in the July issue on "Good news from Bristol" is more than inspiriting: read with breadth of interpretation, it is policy-making. The initiative of Bristol is acclaimed: it is ours to make it exemplary. It awakens our hopes that Homoeopathy—with every warrant for leading—may lead, as the outcome of these testing times: but for this we must address ourselves to the work of leading forthwith, and not wait for a post-bellum "more convenient season."

What then, is the "Good News from Bristol" which may mean so much to the cause of Homœopathy? Here are the main points:—

From its establishment the Homœopathic Hospital in Bristol has been a successful Medical and Surgical augmentation of the other hospital provision in that city.

The Bristol Homocopathic Hospital shows a steady increase year by year in its public work, a continuous amplification in the rendering of the numbers of the sick poor seeking and finding its aid.

Some years ago, the stress of necessity impelled the Board of Management to add to the In-Patient wards and to extend the Out-Patient Department. The inauguration of the New Section was made by the Lord Mayor of Bristol.

The effect of the expansion has been to multiply more and still more the patients attending the Homœo-pathic Hospital; and the problem of further institutional enlargement has pressed upon the Board for







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some time past. The policy of the administration has been never to relax work, but always to favour a wider sphere of usefulness.

To the ready there comes opportunity: and the opportunity has been provided by W. Melville Wills, Esq., and Mrs. Melville Wills, who have munificently offered to erect an entirely new hospital to $\cos t$ £20,000, on condition that a site were provided and the equipment of the hospital correspondingly installed. A most eligible site is now waiting to be taken over: this being assured, the building will be commenced as soon as the builders return: the internal furnishing may and should be provided before the new building is roofed.

To this end the Board of Management appeal TO THOSE WHOSE INSTINCTS FOR SOCIAL AMELIORATION ARE KEEN, TO PROVIDE £ 20,000 BESIDE THE MELVILLE-WILLS SUBSIDY. When one reviews the noble response of national philanthropy to the national call the Prince of Wales' Fund totalling six millions, the Times Fund totalling also six millions, there is no doubt that the friends of Homeopathy have taken their share in these magnificent enterprises. But here is a piece of war work to be done at home: work to lighten the stress and burden of war on the civilian population who "carry on" here and now: work to ameliorate war issues and repair war wastage in the future; work planned to cover years to come, when the resources of cure will be taxed to the utmost to deal with the unsteady hearts, the shattered nerves, the broken constitutions of that great multitude who have "done their bit" abroad. Truly the Bristol Homeopathic authorities are men and women of



patriotism as well as foresight. AND THEY WANT \$\overline{f}_{5}\$,000 to set to work at once.

That is the "Good News from Bristol," and a moving story it is. The arresting features of the history are the abiding confidence of the medical staff in the efficiency of Homœopathy; the responsive increase in the tale of patients' attendances, the administration watching and alding in the development of the civic experiment. So convincing has the philanthropic experiment been, that Mr. and Mrs. Melville-Wills have decided to give free breathing space to the work, finding a noble structure for its housing, with the sound proviso that others equally interested in Homœopathy and Bristol shall co-operate to the same end. That is sound philanthropy: that is sound finance.*

Such is the homœopathic dynamic self-generated by Bristol. The stress of the present time has brought forth this uplift for Homœopathic work in that city: this present time should involve a living dynamic tempered by circumstance wherever Homœopathy is established in Great Britain. All the effective forces OF NATIONAL SERVICE ARE—WITH OR WITHOUT THEIR KNOWLEDGE-IN THE CRUCIBLE NOW. Post-bellum reconstruction will only busy itself with those that have made good during the time of trial: it will have small mercy for those whose lights have burned at half value, or have gone out. Up and be doing then, all homoeopathic institutions in this country; concentrate your interest; increase your budgets, widen your forecasts: if you do not stand for Homeopathy

* Exactly the same advice, with large subsidies, was given by Mr. Otto Beit, in the establishment of another Public Medical Service.





as a public service, none else will: to make your calling and election sure for the future, your credentials must be forged now: you cannot then live on a remote past.

Practical heads among us declare that the difficulties in the way of Homœopathy may be traced to the one root difficulty—the provision of more and yet physicians practising Homeopathy. homeopathic physicians, unlike poets, are made and not born. Was ever such a ferment in the practice of medicine as at this time? Sir Almroth Wright declares that a wounded soldier is also a sick soldier: and founds a quite new treatment of wounds on helping the organism to help itself. The idols of the antiseptic method—and chiefly carbolic acid—are denounced with a vigour and point that leave little to the imagination. A new treatment for shell-shock requires a column of the Times for its apologia. The methods of Mr. H. A. Barker, looked upon askance by the profession, are argued in the House of Commons. The mortality statistics of pnéumonia in its incidence on colonials, are said to provide serious material for reflection to all interested. While the equally important question whether certain heart sounds indicate defect which requires treatment, or are consonant with perfect health requiring no treatment at all is a quæstio vexata of daily occurrence. When so much is in the melting pot, men naturally turn to what has the savour of stability and success. And now is the time for homœopathic propagandism, far and wide.

Every homoeopathic physician serving with the colours is a past master in the practice of Homoeopathy. But he cannot make bricks without straw:



let us hope the Societies for the enlargement of Homœopathy are in touch with him, giving him encouragement, and recalling that he is a potential centre of light and leading.

But the actual centres of homœopathic light and leading are here among us: and the onus of "carrying on "lies on ourselves at home. Is no keenly interested clinical observation attending our hospital wards, civilian and military—no auditory avid for knowledge thronging our lecture theatres—no new eager clientèle burning midnight oil over our classical literature? Such do not spring into unsolicited existence: they have to be created. We have excellent clinical work done daily at our hospitals: now is the time to publish the fact—in the medical journals. We have the most lucid and attractive lectures on the science and practice of Homeopathy ever given anywhere: take a page in the Lancet and the British Medical Journal and The recent literature on homoeopathic sav so. practice is most agreeably full of sweetness and light: but circulate, and circulate, and again circulate for others to know it. Is it those "last infirmities of noble minds," inertia and undue modesty, that drag the wheels? Here are two vignettes from life. In Switzerland, the late Mr. W. H. Trapmann* was once seated at table next a lady, with whom conversation happened to drift toward the subject of Homeopathy. "When in London," said the gentleman, "pay a visit to my hospital, the largest homoeopathic hospital in Europe." "Curious," remarked the lady, "that my physician is an eminent homœopathic consultant





^{*} At that time Vice-Treasurer of the London Homocopathic Hospital.

in London, and I have never heard him mention that there was a homeopathic hospital there."

The other was taken at an annual meeting of the Phillips Hospital, presided over by the Mayor of Bromley. Deprecating a common indisposition in daily life to speak of matters that greatly interest us, "How often," remarked His Worship, "do we not miss the opportune moment for giving a conversational uplift to some useful cause, and what co-operation do we not lose by our undue reticence!" With machinery such as the whole body of British homeopaths produces, and dynamic such as the obvious interest of each and all in its enlargement creates, why not reflect everywhere the shining example of Bristol?

ADDENDUM.

The first points of the courageous initiative of Bristol have begun to mature. For the present requirements of the Executive, Lady Durning Lawrence has sent a cheque for £100. Other helpful contributions from far a-field are anticipated: these will be acknowledged in the Homeopathic World," whose editor will be gratified to receive and publicly note donations sent directly to him.



NEWS AND NOTES.

Dr. Burford's Article.

The Editor has gladly stood aside this month to allow Dr. Burford to speak for Bristol as one very familiar with its work and its needs. But the Editor cannot let the occasion pass without endorsing the appeal so characteristically made and he hopes that, even in these straitened times the great opportunity will be grasped at.

SPIROCHÆTE BRONCHITIS.

CALLI-VALERIC (Cor. Bl. f. Schweiz. Aerzte, Basel, February, 1917, No. 6, pp. 161-192) gives list of sixteen different maladies in which spirochæte have been found, and in some cases were regarded as responsible for the affection. Spirochæte bronchitis has been encountered in Ceylon, India, the Philippines, Europe and elsewhere, since Castellani called attention to it. Valeric has had seven cases in his practice at Lausanne. The prognosis is favourable if the treatment is energetic enough to arrest the disease before it has passed into a chronic phase. Microscopical examination of the stained sputum reveals the spirochætes; all his patients had been labelled tuberculous. In treatment he advises bed rest keeping up the patient's strength and giving Arsenic, merely Fowler's solution by the mouth or intra-muscular injection of some mixture containing Sodium cacodylate. He recommends also Salvarsan. The disease runs an acute course in five or six days, with high fever and profuse expectoration of a whitish or yellowish sputum. Percussion is practically negative, and auscultation reveals merely disseminated râles. Headache and pains in the limbs, reduction in hæmoglobin and reds, with manifest leucocytosis, are other features. The chronic form shows a hectic fever, deceptively like that of tuberculosis, with chronic cough and expectoration and sometimes actual hæmoptysis, with much weakness and anæmia. Untreated, it may drag along for years with intervals of improvement.





OLIVE OIL.

Olive oil is a favourite remedy with many homepathists. The following from the *Medical Press* will help to confirm their faith in it.

CERTAIN USES OF OLIVE OIL.

The recent enthusiasm evinced by all manufacturing chemists for the advertising of mineral oils in the treatment of those conditions which have as their underlying cause a chronic constipation, has led to a reconsideration of a remedy which, years, ago, was suggested as suitable in the treatment of the very disorders for which it is advocated again. Olive oil possibly owed much of the disrepute into which it fell to the over-advertisement of its supposed powers, and it is all the more encouraging to see that under the keen scrutiny of competent physiologists and as a result of the most extended tests, the claims that Cohnheim, Thompson, and others advanced on its behalf have been well substantiated. The results of the administration of the oil to animals with artificial gastric fistulæ have allowed of the following conclusions as to its powers. In the treatment of ulcers, fissures, hyperacidity and spasm of the pyloric end of the stomach, it is greatly superior to silver nitrate, belladonna and bismuth given over prolonged periods. Its action is, of course, mild and harmless, and strictly local, and the combination of these effects with an aperient action which, of course, is absent in bismuth therapy, renders this simple remedy a most valuable adjunct in the often irritating slow treatment of gastric ulcer. Its nutritive qualities are not the least of its many practical attributes, and the most striking instances of its success, as noted by the observers who have chronicled their findings in the New York Medical Journal, were found in those cases in which a poor nutrition was the result of chronic constipation. The claim which was advanced long ago, and which ascribed to it an efficacy in the treatment of gall-stone affections, was not confirmed by the latest experiments.

SIGNIFICANCE OF BLOOD PLATELETS.

LEE and Minot (Cleveland Med. Journ., February, 1917. No. 2) make the deduction that the blood platelets play a very important rôle in initiating coagulation. Apparently blood uncontaminated by tissue juice will not clot as long as the blood platelets are intact. With sufficient alteration in the blood platelets or some portion of them, either from some physical change or from some substance given off by the blood platelets, the phenomenon known as coagu-

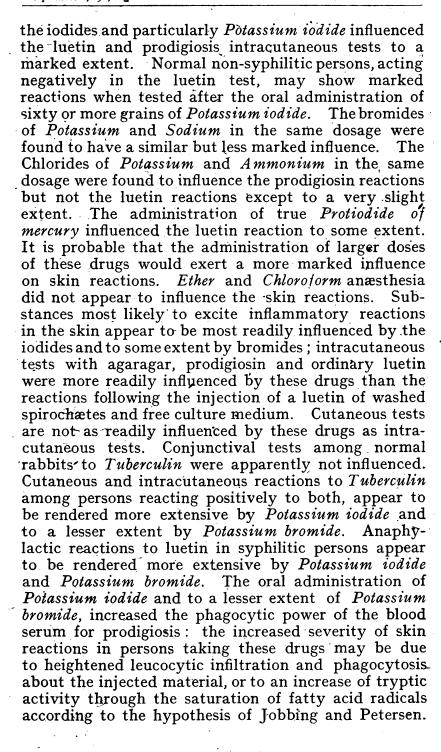
lation begins and the development of that phenomenon. is associated with further changes in the blood platelets, which then assist in the progress of coagulation. active principle of coagulation residing in the platelets, while insoluble in salt solution, is soluble in strong saline solution or in distilled water. Such solutions of blood platelets assist in coagulation in the same manner as the blood platelets. Unlike most of the other active coagulating substances, the blood platelets can be subjected to considerable heat (boiling for fifteen minutes) without seriously affecting their activity in promoting coagulation. There are in particular two pathological conditions which can be attributed to abnormalities of the platelets, namely, purpura and Since hæmophilia. hæmorrhagica i purpura hæmorrhagica is intimately associated with a diminution of platelets, and since all of the symptoms are due to platelet deficiency, the rational treatment consists of an attempt to supply the platelet defect. It frequently happens that tissue juice from any source, from fresh raw beef, for example, is of great value when applied locally to a bleeding mucous membrane in this eondition. In typical hæmophilia there is a hereditary defect in the blood platelets. The defect consists of a slow availability of the platelets for the purposes In hæmophilia there are blood of coagulation. platelets in normal or often in slightly increased numbers. Unlike purpura hæmorrhagica, in which the blood platelets are normal in their activity but diminished in numbers, thè blood in hæmophilia are normal in numbers, but abnormal in their activity. The direct therapeutic indication in hæmophilia is exactly the same as in purpura hæmorrhagica namely, the supply of normal platelets. Likewise, locally, tissue juice may be used with marked benefit.

EFFECT OF CERTAIN DRUGS ON SKIN REACTIONS.

J. Kolmer, S. L. Immermann, T. Matsunami and C. M. Mongomery (Journ. of Laboratory and Clinical Med., St. Louis, March 11th, 1917, No. 6) found that









It is suggested that it is probable that these drugs have influenced the luctin reactions as clinically applied and have been responsible in part for the divergent results observed and reported. Physicians are urged to be careful to rule out the possible influence on these drugs before conducting skin reactions.

Dr. Sutherland.

Our readers will be distressed to hear that Dr. Sutherland, of Boston, for whom all who have the honour to know him cherish the deepest respect and admiration, is in a nursing home in Boston suffering from a sudden illness, which has necessitated a serious operation. We are glad to say that matters are going favourably and that the patient is on the road to recovery, but we should like to assure him that in that time of waiting he has the deep sympathy and love of his English colleagues and friends.

BASE HOSPITAL 39.

We call special attention to this article in our present issue. It has just come in from the authorities of the Massachussetts Homœopathic Hospital, and every heart here among Hahnemann's followers will be uplifted at the news.



"COCA" IN WAR-STRAIN.

By R. H. BELLAIRS, M.A.

I WONDER how many homoeopaths ever think of that marvellous drug, Coca, the alkaloid of which has attained such sorry prominence of late in very undesirable quarters.

The "cocaine habit" is, of course, a national curse of the very greatest magnitude, as can be seen even in the record of our kinema films, which ever and anon reveal the fatal propensity for the use of this truly powerful and perilous agent

truly powerful and perilous agent.

By the vicious it is employed in the form of snuff—what is called "cocaine snow"—but Coca also enters into the composition of "tonic" wines of enormous popularity, such as the French "Vin Mariani," to the restorative merits of which eminent men have accorded unstinted recognition.

Coca should emphatically not be taken or prescribed in massive doses with their inevitable reaction, but in minimal quantities which are highly curative

according to unimpeachable authority.

The indications for the exhibition of *Coca* are explicitly given by Dr. H. C. Allen in his "Keynotes" (Boericke and Tafel, 1898 ed.), and also by Dr. E. S. Chapman, the latter of whom gives three prominent leaders, well worthy of note. (P.C.J.H.)

I. Irritability, despondency, inability to concentrate the mind on any subject for any considerable time.

2. Timidity, and dread of appearing before society or audiences, even in those accustomed to do so for years. (The applicability to stage-fright and concert-fright is too obvious for comment.—R.H.B.).

3. Extreme bodily weakness and lassitude necessi-

tating the recumbent postures many hours daily.

Lack of "will-power" is also mentioned as a red-line symptom. ["The C.M. potency gave better results than either 30 or 200."].



Dr. H. C. Allen finds Coca the remedy par excellence for "persons wearing out under the strain, physical and mental, of a busy life." ["Brain-fag". R.H.B.].

"In those who use tobacco and alcohol to excess."

"In those who have taken too much exercise,

mountaineering, or otherwise."

Here then we have a true polychrest of "Modern Life," of undeniable efficacy in counter-acting the hideous "nerve-strain" or rather "brain-strain" involved by bare existence in these terrible days.

Dr. Allen particularly emphasises "aggravation from ballooning"—so, we shall know how to tackle

"aeroplane shock."

This is the *first* remedy that I should recommend for all types of War-shock or War-strain—but, I strongly urge the avoidance of anything approaching the crude drug.

Dr. Chapman emphatically states that he obtained the best results with the C.M. potency. Therefore, on no account start lower than 30. If my readers doubt the powers of, say, the 200th, all I can say is: "Try it, O, ye of little faith."

TWO CASES OF POISONING.*

By Dr. Percy.

COLOCYNTH POISONING.

On July 24th, 1915, I was hurriedly summoned to attend a patient at a neighbouring hotel. I found Mrs. K. in bed, suffering excruciating pain, and with persistent vomiting and purging. The patient was a young woman, twenty-eight years of age. She had two children, the younger child ten months old. She gave a history of having been usually well the previous day, but a rather hearty lunch, quite an elaborate dinner, apparently, according to her story, were the cause of her undoing. The nausea came soon after

* These cases are taken from a paper read to the Hughes Club, Mass., U.S.A., and published in the *New England Gazette*. We desire to express our thanks for the use of them, to writer and editor.





the pain, severe, causing her to double up, and with much tenderness; the movements were mucus and some blood. My first thought was that I had to do with a sharp, acute attack of gastro-enteritis. In the night, later on, I was hurriedly summoned because the patient was apparently worse, and when I arrived I found her with increased pain, stools composed almost wholly of blood, and a peculiar pinched look about the face. The attack of pain at this time was of a spasmodic nature, coming in paroxysms. Colocynth seemed to be clearly indicated on the first visit and was prescribed, and its failure seemed to me difficult of explanation. A more careful inquiry into the history of this attack revealed two or three things of interest. The first that her menstruation was overdue and, more important yet, that she had taken means to bring it on, and I was shown the remains of a bitter apple which she had taken the previous day. Then the explanation of the pain, vomiting, and the intestinal disturbance was made clear, and under the influence of Opium, which I was obliged to use, white of egg, large quantities of tepid milk, and brandy, the condition cleared up. Strange to say that with all this suffering the purpose for which the apple had been taken was not accomplished. It would be impossible to have a more perfect picture of Colocynth than this case presented. It is one of the authorised drugs, and, if you accept tradition this is supposed to be the fruit which the servant of Elisha secured in the fields near Gilgal during the famine. After it had been gathered and boiled and the men began to eat it they cried out, "Oh thou man of God, there is death in the pot," which may explain one common name for it,—Mors in Alla."

It may be of interest to recount two other cases and I give them to you for that reason.

ACTION OF LARGE DOSES OF COLOCYNTH.

"A woman, aged forty years, had a chronic rheumatic pain in the left thigh, and left shoulder. A kind friend advised her to infuse half a pound of *Colocynth* in a half pint of red wine,—to drink the fluid before going to bed. By good fortune she took only half of



the infusion. Scarcely had she swallowed this, when she was seized with fearful pains in the region of the stomach, great anxiety, vertigo, faintness and cramps. She vomited several times without relief; then evacuated copious stools, at first watery and fæculent, then consisting of pure blood, with distressing tenesmus; with the stools came large pieces of the inner membrane of the intestine. The pain then concentrated in the stomach and in the lower part of the rectum; the abdomen became collapsed; at last the tenesmus ceased, and the patient gradually fell asleep. Great exhaustion followed, but she finally recovered."

In another case of the kind, which proved fatal, the autopsy revealed that the intestines were red, with black spots, glued together by false membrane. A white fluid had exuded into the cavity of the abdomen and in it flocculi were floating. On the coat of stomach, here and there an ulcerated spot could be seen. There was no trace of inflammation in liver, kidney or bladder.

Two things are of interest, first, that it is a hydrgogue cathartic, and has always been avoided in pregnant women for fear of its abortifacient property. The first case tends to prove that this theory is groundless. The second lesson is that the homeopathic use of the drug in gastro-intestinal disturbances can only be explained on the ground of the law of similars.

MERCURIC CHLORIDE POISONING.

On June 9th, I was called to a Boston hotel to see a patient who, over the telephone, was described as being desperately ill. The patient was Miss ——, a nurse, aged forty-five, who had been constantly in my employ for many years, and at this time was caring for a patient with whom she had been for some weeks.

When I arrived, I found her in a most serious condition. She was vomiting almost continuously, the vomitus was streaked with blood, and at times was clear blood. The bowels had moved quite freely, and at this time the bowel movements were attended with a good deal of tenesmus. Careful questioning failed



to reveal any reason for this sudden and violent illness; but a friend who was with her said that she had had a great mental and nervous shock, and that for some days she had been wretchedly unhappy, and on the afternoon of that day she had consulted her lawyer and made her will, and expressed a desire for death.

There was nothing to be found about the room which might offer any clue to the mystery, but I felt perfectly confident that it was a case of poisoning, possibly mercurial, and this was confirmed by the finding in her room of a partially emptied bottle of corrosive sublimate tablets. The only thing possible was removal to the hospital where she could have immediate care and attention.

The hospital records are as follows:—Admitted June 9th. Vomiting at this time was persistent, and it would seem that whatever was in her stomach must have been entirely cleared. Stomach washing was discussed and dismissed because of violent hæmorrhages and the fear of causing perforation. White of egg was administered every fifteen minutes, and mouth washed with *Chloride of potassium*.

roth. Vomited brown fluid and some clear blood; dejections black in colour. Milk, Vichy and white of egg was advised, as much as possible, at short intervals.

11th. Vomiting continued, very thirsty, oatmeal tea was suggested. Severe pain in the stomach, hiccough, urine had been suppressed for twenty-four hours.

12th. Still no urine; hot saline baths, hot pack.

13th. No urine.

14th. Had a very restless night, constant desire to vomit, and raised a thick, yellowish substance almost continuously; was able to retain no, or very little, nourishment. Mouth very sore. Small amount of urine obtained by catheterisation showed trace of albumin, a few red blood discs, no casts.

odour and containing a good deal of blood. Menstruation began on this day. The mind up to this time had been exceedingly clear.



16th. Vomited continuously; frequent stools, at times involuntary; great tenesmus. *Morphin* was then advised both by suppository and by mouth.

17th. Had vomited pretty continuously since ten o'clock the previous night, blood, mostly in large clots which seemed to cause a choking sensation; a few minutes before this had a good deal of pain in the abdomen.

18th. Saline enema water came away with thick grayish material of offensive odour. Cannot swallow liquids for fear of choking. Very restless, mind wandering.

19th. Restless sleep, mind wandering, patient was unconscious for some time and, after some convulsive seizures, died.

The urine which was obtained on the morning of this day showed a specific gravity of 1013; a trace of albumin; total solids, 3 per cent.; urea, 1 per cent. Many granular casts, leucocytes, renal cells, old red blood discs, many squamous cells.

The following typical symptoms correspond closely to the ones I have narrated.

Blythe says if the poison has been swallowed, symptoms come on almost immediately, within the first half-hour. In thirty-six cases collected by Folck eleven died on the first or the second day, eleven on the fifth, and the remainder from the sixth to the twenty-sixth day. The symptoms in the order of their appearance were as follows: Painful constriction of the throat; burning heat in the throat extending down to the stomach; all mucous membranes with which saline comes in contact shrivelled and whitened, back of throat looks as if nitrate of soda had been applied; local changes may be so intense as to cause œdema of glottis and death through asphyxia; nausea; vomitus blood streaked or of clear blood; purging, frequently bloody; body temperature becomes lowered; respiration difficult; pulse small, frequent and irregular; urine scanty and sometimes completely suppressed. In regard to this symptom, Soers reports two cases which confirm the view that when anuria is present the patient always dies.





Sometimes when there are profuse hæmorrhages from bowel, stomach, and other mucous membranes, the patient dies in a state of collapse or insensibility, and death is often preceded by convulsions.

The symptoms in cases of poisoning from external use are practically identical:—vomiting, at first; on the third day, diarrhœa, tenesmus, diminution of renal secretion; on the fourth day, fœtid breath, stomatitis, hyperæsthesia, feeling of pins and needles in hands and feet; and death in about the same time as when taken by mouth.

Can you wonder that we prize *Mercury* as a remedy in disturbances of so wide and varying natures? Its use in sore throats, in disturbances of the mouth and gums, in dysentery, in nephritis and in the varied manifestations of syphilis are among the choicest specimens of precisionising in drug application.

Confirmed in our faith, confident of honourable effort to discern the truth and to practise it, we must remember that saying of Date: "It is better to have our medical pictures written on a blackboard with chalk so as to be readily modified to suit the revelations of increasing light than to have them engraven on tablets of stone never to be changed."

-LATRODECTUS HASSELTI.

By Erskine C. White, Esq.

(Communicated by Dr. J. H. Clarke).

HABITAT: New South Wales, especially Coast District.

Latrodectus Hasselti is a neat, clean looking little black spider, with a bright red, almost scarlet, spot on its back: well known in coast district, N.S.W. The curator, Sydney Museum, furnished me with its scientific name.

A few authenticated cases, observed throughout fifty years, are here appended.

(1) A man of Gundagai, bitten on arm. Result; agony for one or two years, arm withered away (and festered) for years.



(2) Powerful man bitten on arm, Castle Hill, near Parramatta (a large town near Sydney). Agony so awful it took three or four men to hold him down. The above man (McCue by name) is personally known to me).

(3) Young lady at Castle Hill, bitten over eye. All known remedies in vain (under doctor). Died in

three days!

(4) Married lady at Wyong, a town on Sydney to Newcastle railway line, bitten on face at 9 a.m. Died at noon or sunset.

Of the last, I enquired of a woman who waited on her, "Did not her head swell greatly? (the usual effect). "Indeed it did! as big as a boiler!!" replied this

daughter of Erin.

(5) A man, personally known to me for years, related his sufferings to me, while in Liverpool here (twenty miles from Sydney). Bitten at back of ear, the pain was so severe, it made him, though a powerful man, fling himself across bed (to other side) in agony, as if stabbed with an awl. Neglected it for three days, then pains unbearable. Under a doctor for eighteen months, felt bad effects for two years after.

Blood congealed, the doctor could not bleed him for months. Then it flowed in a dense state "of all colours, red, black, green, blue." "Quarts" were taken

from him," he said. (Ammonia liquifies).

He had overpowering noises in EARS, like machinery in a factory. Confined to bed for eighteen months. At length, paralysis setting in, was forcibly made to walk about supported and vigorously urged on by Dr. ——(his doctor) daily.

Loss of memory: travelled twenty miles in a train on business, and on arriving at destination, did not

know what he came for!

The long-lasting effects of the virus (from two to four years) seems to me to indicate its high value as a Chronic. Its deep, searching effects, withering up (mummifying) a limb,— in four known cases, and its sudden, fatal effects, seem to indicate that it will, when proved, rank with Lachesis.





Market Service A

I have given it for blood-poisoning for thirty years. The virus of Latro. Hass. at once arrests intense pain in pyæmia; whilst it has relieved many cases of paralysis.

Railway Street, Campbelltown, N.S.W.

COFFEA CRUDA.*

It is not my intention to discuss the dietetic use of coffee, the good or the evil which it may occasion; this important subject has been investigated by several writers, but most comprehensively and profoundly by S. Hahnemann; the therapeutic action will alone be considered.

According to the experience which has been obtained in regard to the effects of coffee upon the healthy organism, the principal primary effect is a pathological excitation of all the organic function. When coffee acts moderately upon the healthyorganism the irritability of the organs of is morbidly increased; the visual power becomes more acute, and the hearing and taste get finer and more sensitive. Apart from these exalted states, the sensorium is more vivid (hence the increased susceptibility to pain), the mobility of the muscles is increased, the sexual desire is more excited, even the nervous activity of the digestive and secretive organs is increased: hence a morbid sensation of excessive hunger, increased desire and facility of the alvine evacuations and of the emissions of urine is brought about

And to what an extent the nervous and animal activity of the organism is increased by coffee appears from the sleeplessness which it excites in various shades and degrees, from the peculiar pathological excitation of the mind and soul, and from the febrile warmth which coffee excites to such considerable degree.

The following translation from the French gives one a most accurate account of the value of Coffea. It is taken from the French of Dr. Leon Vannier:

^{*} From The Hahnemannian Monthly.



COFFEA CRUDA.

Characteristics. Hypersensibility of all the senses with exaggerated activity of the mind and body. Impressionability more peculiarly to pleasurable

impressions.

Modalities. Aggravation by an emotion of an excessive character (joy, surprises, etc.) by cold, by open air and by night. Also an aggravation from powerful odours, narcotics, wine, and even from touching. Amelioration by warmth (except in case of toothache, which is relieved by cold application). Amelioration in lying down.

SYMPTOMS.

Type. The type is that of the tall, spare, bent-over individual with a brownish skin. They are temperamentally choleric and sanguine.

Nervous System. Extraordinary activity of mind as well as body. Full of ideas and quite unable to banish constant thinking and imagining; very active, Very imaginative, constantly always in motion. building up schemes for the future. Very impressionable and the mental impressions are very Excessive joyousness. The disposition is very whimsical; the patient is more or less given over to alternating fits of crying and laughter. present, in point of fact, what might be termed a hyperacuity of all the senses. He is able to read readily the smallest type. He is quite sensitive to odours of a penetrating character and the hearing takes in the least noise. The latter even extends to imaginary noises. There is marked insomnia. Patient is always awake and it is impossible to close the eyes There is a physical excitation consequent in sleep. upon exalted mental state of the individual. person is kept awake the night through revolving in mind all sorts of plans and formulating all kinds of different projects. Coffee is also of value in the sleeplessness of children who keep awake all night, excited and wishing to play.

Sensibility. Extreme hypersensibility to pain. Very intense neuralgic pains causing the inflicted one





to despair and causing him much anxiety. General provocations by cold. There are aggravations by noise.

Head. Headache aggravated by all mental exercises, thoughts and conversation. It is worse on one side (hemicrania) and there is a sensation as if a nail were driven into the brain. Noises in the head. The patient hears cracklings in the head. Cracklings or bubblings in the occipital region.

Face. Neuralgias of the face. Red face in coffee drinkers.

Extremities. Crural neuralgia aggravated by movement after midday and night, ameliorated by pressure, aggravated by noise.

Digestive Apparatus. Toothaches, temporarily relieved by ice water in the mouth. Eats and drinks

very rapidly. Hypersensibility to wine.

Genital Apparatus—Women. Periods ahead of time and of too long duration. Dysmenorrhea, with intolerable pains and large clots of black blood. Hypersensibility of the vulva and vagina. Is unable to support a napkin. Voluptuous itchings. Comparisons as seen by Dr. Vannier are Aconte, Chamomilla, Cypripedium, Ignatia and Nux vomica.

Dr. Leon Vannier. Dr. Ernst Stapf.

BASE HOSPITAL 39.

The departments of the United States Government immediately concerned in the defence of the nation are respectively the navy and the army. Of these two, however, the navy is always maintained upon a war footing, as a result of which the changes necessitated by a declaration of war produce but comparatively small changes in the composition and ordering of the naval forces. With the army, however, the case is entirely different. Under the ordinary conditions of peace the United States army with the various dependent organisations is maintained at a very low level, minimising the expense of upkeep and



providing only such military service as may be regarded as necessary for the daily conduct of routine military affairs. With the declaration of war, however, the army is increased enormously, not only in the active fighting branches, but also in the affiliated departments whose prime duty it is to provide subsistence, maintenance and care for the active armies.

In this category naturally falls the hospital corps a small, highly efficient and well-trained organisation in peace times—a large and highly expensive and complicated system of interlocking units in times of Among the factors of the necessarily complex system of caring for military sick and wounded the base hospital plays a most important and essential rôle. In the first place, it is in touch with the active arm of the service and in striking distance of the actual field of active military operations. In the second place it constitutes the first point at which military sick and wounded receive medical attentions comparable to those obtainable in civil life. It occupies, therefore, the middle ground between the field hospitals concerned with the immediate emergency care of the sick and wounded and the general hospitals situated far from the scene of actual operations, whose practice is essentially that of any large metropolitan civil institution. It is the connecting link, then, between activities which are purely military and those which are purely civil, and plays a part in the conservation of life and maintenance of physical efficiency the importance of which cannot be over-estimated.

The base hospital, from the nature of its functions, involves a large, varied and highly expensive equipment, and a complex and generous personnel. The expense of upkeep of such organisations is one that in times of peace would form a heavy drain upon the resources of the Government without rendering adequate return for the heavy money outlay. For this reason when, through military exigency of our national crisis it becomes necessary to put the army on a war footing one of the most important steps to be taken is the organisation of an adequate number of base hospitals. The general theory of such organi-





sation and the one that is to-day being put in practice, is that large metropolitan civil institutions shall act as mother hospitals, or bases, that these parent bodies shall enroll a staff of professional and non-professional workers, shall purchase and provide the necessary equipment, and shall then offer the base hospital as a completed unit to the Government, the latter then assuming the expense of its subsequent conduct.

When in the spring the United States Government made formal declaration of war upon the German Empire there were in posse some twenty-five base hospitals which were completely or partly organised for military emergency. Inasmuch as these organisations up to the time of their acceptance by the United States Government represented purely civilactivities they were enrolled under the American Red Cross, a body the functions and scope of which need no extended explanation. It is evident, however, even during this initial period that the base hospitals already authorised by the Red Cross would be wholly inadequate to meet the national needs. It was incumbent, then, upon other civil institutions of sufficient size and financial strength to warrant such extra-mural action on their part to offer to the Government through the Red Cross as intermediary, other base hospital units.

The Massachusetts Homeopathic Hospital being an institution in a position to undertake this large activity, early in April the Board of Trustees formally made such offer to the American Red Cross. After some correspondence with the authorities, word was Massachusetts Homœopathic received that the Hospital would be authorised to organise and equip a base hospital unit, if they were able to provide the sum of \$30,000 for the purchase of the equipment of the same. Through the efficiency and the tireless activity of a portion of the Hospital's Staff and naturally through the generosity and liberality of laity interested in the Institution, the required sum was over-subscribed in a comparatively few days. Word of this happy termination of the initial effort was at once forwarded to the Red Cross headquarters



Washington. After certain preliminaries had been complied with, such as the transference of the fund to the American Red Cross, the Massachusetts Homocopathic Hospital was formally authorised by the American Red Cross in behalf of the War Department of the United States to organise and enroll a base hospital unit to be designated as Base Hospital Number 39.

The next step after acceptance by the American Red Cross, acceptance by the Government, and transmission of this fact to the Massachusetts Homeopathic Hospital by the American Red Cross, was the election of a director and a Charge Nurse for the Institution. A meeting of the Trustees of the Hospital led to the nomination of Dr. William Fessenden Wesselhoeft as Director, and Mrs. Alice H. Flush as Charge Nurse. These names were submitted to the American Red Cross, approved by them, transmitted to Washington and, receiving approval there. Dr. Wesselhoeft and 'Mrs. Flash in the course of time were notified that they had been accepted for the positions, for which their names had been in nomination. With this step came the authorisation to proceed with the selection of the commissioned and enlisted personnel of the hospital. Mr. Arthur F. Estabrook was designated as Disbursing Agent, and the money which had been so generously subscribed was transferred to him for this Peabody, purpose. Colonel of the Metropolitan Chapter of the American Red Cross, was designated as Purchasing Agent, but Dr. H. M. Pollock, the Superintendent of the Massachusetts Homogopathic Hospital, was entrusted by this latter official with a large part of the selection and purchase of the equipment. Dr. Wesselhoeft acting with Dr. Thomas E. Chandler as Chief of the Surgical and Dr. John Arnold Rockwell as Chief of the Medical Service, formed a Committee for the selection of the commissioned personnel. Edward E. Allen, Physician in Chief at the Massachusetts Homeopathic Hospital, acted as a fourth member of this Committee, while Dr. H. Pollock, Superintendent of the Hospital, was ex-officio the fifth. As a result of the labours of this Committee the follow-





ing physicians and surgeons were selected from those who had volunteered their services for the Base Hospital, and the commissioned personnel of the unit was determined as follows:

Personnel of Base Hospital 39.

Commissioned Staff.

DIRECTOR:

M. William Fessenden Wesselhoeft, M.D., Harvard, F.A.C.S.

REGISTRAR:

C. Harry Franklin Morin, M.D., Boston University.

ADJUTANT (Acting):

L. Milo Chester Green, M.D., Boston University.

QUARTERMASTER (Acting):

L. Roland Oliver Parris, M.D., Boston University.

SURGICAL DIVISION.

- M. Thomas Evans Chandler, M.D., Boston University, F.A.C.S.
- C. Ralph Cleaves Wiggin, M.D., Boston University, F.A.C.S.
- C. Howard Moore, M.D., Boston University, F.A.C.S.
- C. William Denton Rowland, M.D., University of Michigan.
- L. Ralph Harrison Hopkins, M.D., Boston University.
- L. Joseph Jacob Skirball, M.D., Tufts.
- L. Theodore Leroy Story, M.D., Tufts.
- L. William Franklin Wood, M.D., Tufts.

MEDICAL DIVISION.

- M. John Arnold Rockwell, M.D., Boston University.
- C. Wesley Terrence Lee, M.D., Boston University.
- C. Orville Roger Chadwell, M.D., Boston University.
- C. Clarence Charles Burlingame, M.D., Chicago Hahnemann.
- L. Warren Sylvester Shields, M.D., Boston University.
- L. Harold William Ripley, M.D., Boston University.
- L. Thomas Wolden Phillips, M.D., Philadelphia



LABORATORY DIVISION.

- C. Edward Everett Rowell, M.D., Philadelphia Hahnemann.
- C. David Lawrence Belding, M.D., Boston University.
- L. Sanford Burton Hooker, M.D., Boston University.

DENTAL DIVISION.

- L. Robert Scott Catheron, D.M.D., Harvard.
- L. Philip Ignatius Johnson, D.M.D., Harvard.

To Mrs. A. H. Flash, as Charge Nurse, was allotted the task of selecting sixty-five graduate registered nurses from the much larger number who volunteered their services to constitute the nursing group of the Base Hospital. Finally Dr. Allan W. Rowe was requested to enroll the non-professional personnel consisting of 153 men enlisted in the United States Medical Enlisted Reserve Corps, and filled all of the very numerous positions which are required for the efficient and suitable conduct of a base hospital unit. In this latter task little or no information as to the composition of the personnel was available and it was necessary, therefore, to consider the problem of administration of the Base Hospital and endeavour to provide for its varied and diverse needs.

The Base Hospital, as finally constituted, consists of the following personnel. First,

Commanding Officer, a Major from the U.S.H.C.;

Adjutant, a Captain from the U.S.H.C., third, Quarter-master, a Captain from the U.S.Q.M.C.

These three officers are assigned to the Base Hospital by the military authorities of the United States on the event of the mobilisation of the unit. In addition to these three staff positions, there is, fourth, a registrar with the rank of captain who is a physician and constitutes one of the professional commissioned group. 'No provision is made by the United States Government at the present time for a chaplain, but the base hospital units feeling it, however, to be essential that this post should be created and filled, those hospitals at present authorised are empowered by the American Red Cross to enroll a chaplain who shall hold a commission





from the Red Cross, the latter body being responsible for the payment of his salary. The active professional staff, exclusive of the Director, consists of a surgical section with nine officers, a medical section with eight officers, a laboratory section with three officers, and two dental surgeons. The second portion of the unit consists of sixty-five nurses, as already stated, under the direction of a Charge Nurse, the group containing at least two dietitians.

Finally the third and numerically largest group is that of the enlisted personnel, a classified summary of whom is herewith given.

ENLISTED PERSONNEL.

ENTISTED	I ERSUNNEL.
Clerks.	Orderlies and Waiters.
2 Adjutants.	2 Waiters, Officers' Mess.
8 Registrars.	3 Waiters, Nurses' Mess.
3 Quartermasters.	6 Waiters, Main Mess.
	55 General Orderlies.
13	6 Operating Room Orderlies
Stenographers.	
2 Adjutants.	72
2 Registrars.	•
2 Quartermasters.	Special Trades.
~	2 Telephone Operators.
6	2 Telegraph Operators.
Cooks.	I Butcher.
2 Officers' Mess.	2 Storekeepers.
I Nurses' Mess.	1 Carpenter.
5 Main Kitchen.	1 Painter.
2 Bakers	2 Electricians.
*****	3 Machinist's Engineers.
10	3 Ambulance Drivers.
General Help.	I Blacksmith
2 Messengers, Adjutants.	I Barber.
2 Messengers, Dispensary.	1 Tailor.
4 Porters, Quartermasters'	r Plumber.
4 Super Quartermaster,	3 Laboratory Assistants.
2 Pan Washers.	2 X-Ray Technicians.
4 Food Conveyors.	2 Pharmacists.
4 Kitchen Police.	2 Dental Technicians.
22	30
Non-Enliste	D PERSONNEL.
6 Secretaries (female).	Quartermaster.
Director.	Laboratory.
Adjutant.	Chaplain.
Registrar.	Chapiani.
registial.	

This personnel, then, comprising 258 individuals, constitutes the organisation of Base Hospital 39.

It may be said in conclusion that the work of enrolling this varied personnel is at the time of writing completed., The purchase of the necessary equipment is well under way, and in the course of a few weeks the Massachusetts Homœopathic Hospital will be in a position to send its Base Hospital unit fully equipped with men and supplies into the overseas service of our Government.

HOSPITALS AND INSTITUTIONS.

BROMLEY.

The Phillips Memorial Hospital has held its Twentyeighth Annual Meeting, We are used to fine records from Bromley, and this report is no exception to the rule. In-patients numbered 163, and 560 persons received benefit at one or other of the departments. The cost of In-patients has only gone up a shilling a head per week, a splendid achievement nowadays. The total expenditure is f80 up and there is a small deficit on the year, but matters like this we know merely stimulate the people of Bromley to greater efforts. The Ladies' Guild of the Hospital is doing excellent work and must be congratulated, as indeed must all concerned with the Phillips Memorial Hospital.

TORQUAY.

THE Annual Report of the Torquay Dispensary reveals that 407 patients were treated, with 2,184 attendances. There were only two deaths. There is a small balance in hand so that the financial state is satisfactory. Dr. M. Cash has acted as Medical Officer and Mr. Rendall as Dental Officer. We congratulate our colleagues on their good showing.





BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.I.

RECEIPTS FROM 16TH JULY TO 15TH AUGUST, 1917.

GENERAL FUND.

Subscriptions.						£	s.	d.
Mrs. Scrimgeour						I	1	О
Dr. T. E. Purdom						I	1	. 0
Miss Cogswell		••	• •				5	О
W. Nicholson, Esq.						I	1	0
R. Newton Crane, Esq.					• •.	I	I	o
Mrs. Beuwens						2	0	0
	^					I	I	0
Dr. Vincent Green		•• '				I,	1	Q

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Tuesday, 17th July, at 4.30 p.m.

EXTRACTS.

PERCHLORIDE OF MERCURY POISONING BY ABSORPTION FROM THE VAGINA.*

By A. F. WILKIE MILLAR, M.B., CH.B. EDIN., Edinburgh.

THE unusual mode of administration of the poison makes the following case of interest.

An unmarried woman, aged twenty-seven, who had been in the habit of using Mercury perchloride tablets dissolved in water as a vaginal douche, inserted one tablet of (Hydrarg. perchlor. gr. 8.75 in each) into the vagina, apparently under the impression that it would serve the same purpose as when dissolved and used as a douche. This was done at bedtime. I first saw her when she called at my consulting-room at 10 o'clock the following morning, complaining of pain and swelling of the vulva and giving a frank statement of what she had done.

* From The British Medical Journal.



I ordered immediate free douching with warm water. I saw her again at I p.m., and found that severe cramping pains in the abdomen had set in, accompanied by diarrhæa, followed later by severe and persistent vomiting. It is interesting to note that on examination I found the vaginal mucous membrane practically unaffected, though the external genitals were congested and ædematous.

At seven p.m. I saw the patient again, when the symptoms were worse. The diarrhea, pain, and vomiting continued; nothing would remain in the stomach; egg water was given without success. Hypodermic doses of *Morphine*, gr. ½, from time to time had little effect.

The following day a considerable quantity of blood was being passed in the motions, together with small flakes in the vomit. The patient complained of thirst, and was very somnolent. There was suppression of urine. On the third day the gums were swollen inflamed and spongy, and of a dark colour, while the breath was fætid. Diarrhæa, pain, and vomiting continued persistently.

By the fourth day the pulse, which had up till then continued strong, began to waver. The salivary glands were swollen, and there was considerable salivation. The symptoms continued during the fifth day, and on the sixth day the patient showed signs of collapse, and died in the evening.

POST-MORTEM EXAMINATION.

The case was reported to the authorities, and Professor Harvey Littlejohn performed a post-mortem examination. The following conditions were found:

Skin.—Generally slightly jaundiced.

Heart.—Muscle pale and flabby. Both ventricles dilated, with resulting valvular incompetence.

Lungs.—Œdematous and deeply congested.

Stomach.—Mucous membrane showed slight signs of irritation and a few small hæmorrhages.

Intestines.—The upper part of the small intestine showed swelling of the mucous membrane, injection





and a general catarrhal condition. The whole of the ileum was deeply livid in colour externally, while internally the mucous membrane was of a uniform brownish-green colour, swollen, and in a necrotic condition. Here and there there were tumefied areas, with extensive blood suffusions under the mucous membrane, which were undergoing gangrenous ulceration. The necrosis was more marked in the lower part of the ileum and cæcum. The contents of the small intestine consisted of a dark-brown fluid, apparently altered blood and mucus. The large intestine presented similar appearances, with marked infiltration of the submucosa.

Liver.—Some cloudy swelling, but otherwise appeared normal.

Spleen.—Engorged and somewhat enlarged.

Kidneys.—Enlarged and soft in consistence. Cortex' pale and swollen. The capsule stripped easily. The medulla showed areas of congestion.

Pancreas.—No obvious changes.

Uterus.—There was no enlargement. There was no peritonitis.

MICROSCOPIC EXAMINATION OF TISSUES.

Microscopic examination of the intestine, kidney, and liver was carried out at the Pathological Department of the University of Edinburgh by Mr. R. Muir. The following is his report.

Large and Small Intestine.—Sections show extreme and extensive necrosis of the mucosa. Large numbers of intestinal bacteria have found this necrotic surface a suitable medium for their growth, large masses of these being found. The sub-mucosa is swollen and extensively infiltrated by fibrinous exudate, especially in the small intestine, with some areas of leucocytic infiltration. This coat also shows marked necrosis, recognised by the complete loss of the nuclear staining reaction. The muscular coats also show necrosis, the fibres showing a hyaline degeneration with loss of nuclei. There is some cellular infiltration of the peritoneal coat, but this is not a marked feature. There are also present throughout these coats deposits

of pigment, probably derived from blood. These have no special relation to any particular tissue, and may be post mortem. The whole condition is intensely necrotic with fibrinous infiltration.

Kidney shows extensive necrosis and catarrh of the renal epithelium of all the secreting tubules, especially in the convoluted series, many of these degenerated epithelial cells showing very marked granular degeneration going on to calcification. This calcification is very irregular in distribution among the tubules; the granules vary in size and have a strong affinity for the basic stains. The collecting tubules do not show so much necrotic change, but they contain granular and hyaline casts. The connective tissue of the renal substance is not much altered and the capillaries in the tuft show some slight thickening of their walls, but no necrotic change. The condition of the kidney is mainly that of intense parenchymatous degeneration going on to calcification.

Liver on the whole shows no gross changes, in fact it is extremely well preserved tissue. There is some degree of congestion and also some slight pigmentary deposit in the hepatic cells which at parts show some slight fatty degeneration. A striking feature is the well-preserved appearance of the liver cells, with numbers of nuclei-undergoing mitosis. It suggests to me that the poison has only acted as a mild stimulant

to the liver tissue and has had no toxic effect.

Although many cases of poisoning have occurred from the use of Mercury perchloride as a vaginal douche, I am not aware of an instance in which the circumstances were similar to the present case. It is interesting also to note the typical nature of the symptoms produced and the manner in which Mercury picks out the lower end of the small intestine the cæcum, and the ascending colon as its selective site. The suppression of urine and the evident changes found in the kidney tissue show the marked action of Mercury on this organ. The medico-legal aspect of the case is also of importance.

I am greatly indebted to Professor Harvey Littlejohn for his assistance in compiling the notes of the case.





MEDICAL WORTHIES—WILLIAM WITHERING.*

By GEORGE M. FOY, M.D., F.R.C.S.I.

William Withering, the son of an apothecarysurgeon, was born at Wellington, Shropshire, where his father had a good practice. He received his general education at the school of his native town, and his primary medical one from his father. He then went to Edinburgh, in the university of which he took the degree of M.D. in 1766. The following year he commenced practice in Stafford, and soon afterwards migrated to Birmingham, where, in 1776, he learned from an old grandame of the value of foxglove in dropsical complaints. His great love of botany and his familiarity with the science is shown in his work on the indigenous plants of Great Britain, which appeared under the title, "A Botanical Arrangement of all the Vegetables Naturally Growing in Great Britain," a work which was a great success, and stimulated Smith, Hooker, and Lindlay to authorship, and secured for himself the soubriquet of "The Flower of Physicians." It was not until 1785 that his "Account of the Foxglove" appeared, and it was written rather as an answer to Dr. Lettsom's sharp criticism on the therapeutic value of the plant than as a pharmacological paper. Dr. Lettsom was F.R.C.S. Edin., F.L.S., Member of the Academy of Sciences of Montpellier, Physician to the London Lying-in Hospital, etc., etc. The criticism was made at a meeting of the Medical-Society of London, at which he said that in eight cases its use was followed by death. It is well to remember that at this time Richard Bright was not born; and in a succession of cases Withering had been disappointed with his want of success. In his letter to Dr. William Woodville, author of the "Medical Botany," he bitterly complains that "no one can compare his (Lettsom's) choice of patients with my declaration of the fit and unfit, or the doses he prescribed, and the perseverance he enjoined, with my doses, rules, and cautions." We had to wait until 1827 to learn to diagnose between cardiac and renal dropsy.

* From The Medical Press.



Withering's faith in the value of Foxglove was unshaken; he learned to discriminate between suitable and unsuitable cases, and so saved one of our most valuable drugs from neglect. Besides botany, he took a deep interest in chemistry, visited Dr. Beddoes' laboratories. and watched with deep sympathy the efforts made to use the "factitious airs" as therapeutic agents, and in their laudable efforts to find in them a remedy for phthisis missed seeing the analysis and anæsthetic properties some of them possessed. He published many papers on chemistry in the Philosophical Transactions. His "Experiments on Terra Ponderosa'' in 1778, was the discovery of the properties of barium. Always of a weak constitution, he, in 1793, found it desirable to try a change of climate, and, like Fielding, made a voyage to Lisbon, and, like the great novelist, did not find much benefit from the trip; withal he found time to make "An Analysis of a Hot Mineral Spring in Portugal." return to Birmingham, he removed from Edgbaston Hall to "The Larches," previously the residence of Priestley. Here in retirement he spent the remainder of his days, and died in November, 1799. He lived to see Foxglove find a place in the Edinburgh Pharmacopæia of 1783, and to know that its merits were generally recognised by his professional brethen He is buried in the old church at Edgbaston, and the foxglove adorns the monument over his grave; and in C. F. Breda's portrait he is painted with a spike of its flowers in his hand. The Gentlemen's Magazine (1799) thus fairly sums up his character:-" A man of discernment and great perseverance. He was humane towards the poor, and mild and courteous in his manners. He was conscientious in the practice of his profession, and never prescribed where he thought necessity did not require it. Although reserved in public he was exceedingly open among those who knew him; and he left behind him a large circle of friends."

CORRESPONDENCE.

ON "PROVING" FOODS.

'SIR,—We had a cook here teaching cookery with a view to economy under Government auspices, and I attended her demonstrations. She aimed at making food appetising and had fat in everything, even in bread, putting egg as well as fat in some things.

Seeing I had had no fat this year, I determined to "prove" her bread. I did not eat much of it, but next morning I awoke with acidity in the stomach and headache, and at night between six and seven, my nose burst out bleeding in rather an alarming way. Some might doubt that it was the fat in the bread that caused such symptoms, but I have no doubts whatever. Fat, indeed, is an unnatural product except in nuts, and a little of them goes a long way, and few can digest them in any quantity.

I knew a boy who was sick when he was compelled to eat fat meat. When going to Edinburgh at the week-ends to inoculate the medical students with my views as to diet, I attended the Royal Medical Society's Meetings on Friday nights, and did not get away till between eleven and twelve o'clock. On the way to my rooms, I passed a potato chip shop, and bought some which I ate before going to bed. I noticed that my gums bled when I brushed my teeth on the Saturday morning, and I suspected that the fat in the chips was the cause.

My "proving" of this official cook's bread has convinced me that I was right. Fried fat in any form causes acidity and acidity causes flatulence, and flatulence causes all sorts of aches and pains, even toothache, and may cause sudden death by apoplexy or heart failure, reflexly. So much for fat.

As to "proving" tea. I have had none for threeand-a-half years, and having a visitor at present to whom I made tea I determined to take a cup to "prove" it.

I put a teaspoonful-and-a-half into an infuser in a breakfast cup, and with sugar and milk. I drank it. What a treat it was!

I took it at 10.30 a.m., and immediately had a dry sort of feeling in the mouth. At 10.55 I heard what I call a squirming in the stomach, which I am quite familiar with, and which I believe to be caused by gas being forced through a narrowed pylorus. Bright dazzling on the right side then appeared, blurring the page as I wrote. Palpitation was then felt which eructation relieved at 11.20. The diuretic effect was very noticeable. At 11.12 a.m. I passed three oz. of acid urine specific gravity 1015, and micturated again at twelve noon, I p.m., and I.40 p.m., the last time with pain which I believe due to reflex action from the rectum, and not from the size of my prostate which is large, in consequence of which, many years ago, I was advised never to travel without a catheter for fear of retention. I now know that prostatic symptoms depend on food or drink, and not on the size of the prostate, for a very small one is supposed to cause as much trouble as a large one, and is removed with good effect; as to pain, how removal acts is the puzzle, but I believe it is by interfering with reflex action in some way. Whatever may be the cause of the pain it is worse when there is flatus in the rectum, and, when the flatus escapes, the pain is gone, and not till then. It makes me sad to think that through the ignorance of the physician, the surgeon is kept busy removing the prostates of old men, who if they knew how to live (that is, what food they could eat with impunity) would have no trouble with an enlarged

Theine is said to cause contraction of muscle. I was astonished at the amount of gas that came up from my stomach in the forenoons, for a long time after I gave up taking it; but, what astonished me most, was the change in the action of the bowels. They acted much more freely than ever they did, and continue to do so, unless I take food which I know causes intestinal stasis, and wheat is almost as guilty as flesh in causing both intestinal and renal stasis.

Hoping the facts here recorded may encourage some of your readers to follow my example, in proving foods, and feeling sure that they will confirm what I





believe my book proves. viz. that food is the chief cause of disease.

Denholm, I am, yours truly, Hawick, Scotland. John Haddon, M.D.

HOMŒOPATHIC NOTATION:

[To the Editor of the "Homeopathic World."]

DEAR SIR,—I think it is admitted by all that present events are bringing Great Britain and the United States nearer together in all things that concern the common heritage of the Anglo-Saxon race.

Why should we not embrace this opportunity to make our beloved Homœopathy free from the non-essential peculiarities that are the result of two separate political boundaries and have one universal expression of scientific truth?

I refer more especially to the notation of our homeopathic preparations, as laid down in our national pharmacopeias.

As is well known, the tincture-making processes and the drug strength of our tinctures is practically the same in the British Homœopathic Pharmacopæia and in the Homœopathic Pharmacopæia of the United States. Indeed the H.P.U.S. simply adopted the tinctures of the British Homœopathic Pharmacopæia which was the older work, as its tincture making processes were so much superior to any previously used in homœopathic pharmacy.

In making the tinctures, and more especially the dilutions or attenuations made from them, it did not follow the British custom.

The British Homœopathic Pharmacopæia considered the tincture (which in the majority of instances is of ten per cent. drug strength) as unity and therefore marked the first dilution made by succussing one part of it with nine parts of menstruum the first decimal or 1x.

The Homoopathic Pharmacopoia of the United States considered the same ten per cent. drug strength tincture as being the first decimal dilution of the original crude substance and therefore marked the first



dilution made by succussing one part of it with nine parts of suitable menstruum the second decimal or 2x.

• It is readily seen that this is the preferable notation because it shows (more than approximately) the real drug content of the preparation. In addition it makes the decimal system uniform in its application to our liquid and solid preparations—the first or lowest liquid preparation is the first decimal or Ix (the tincture) and this corresponds to the lowest solid preparation which is the first decimal or ix trituration.

Does any one say it makes little or no difference that these are not marked alike? Well it is extremely cumbersome to have to tell my classes that wherever in Richard Hughes Pharmacodynamics or Principles and Practice of Homocopathy he recommends a remedy in the 2x that they must read it 3x and whenever ever he speaks of the 1x they must read 2x because our tincture is the equivalent of the 1x.

The mother tincture is surely a dilution of something and when it is one-tenth drug strength it must properly be a first decimal dilution.

Another point on which there should be no difference in the two Pharmacopæias is in the use of the decimal system exclusively for the preparation of our remedies.

The dual system simply provokes confusion. Some physicians are careless in their reports and you cannot tell whether they mean the third decimal or the third centesimal. It has been recommended to use x to signify the decimal and that the number without an x always means the centesimal but this again is open to mistake and error.

The Homoeopathic Pharmacopæia of the United States recognises the fact that the use of the decimal scale will provide better because more thorough triturations, than can be made by the old Hahnemannian centesimal scale, and therefore recommends the use of the former and drops the x in notation making mean first decimal, 2 mean second decimal, etc.—thus abolishing the use of the centesimal scale.

If these two points are more in accord with a scientific nomenclature for Homœopathy, why should not their use be made uniform in both pharmacopæia?





Let us get together and show the world that homœopathic pharmacy is exact in its notation.

Sincerely,
Thomas H. Carmichael.

Ex-President American Institute of Homœopathy.

Mount Airy, Philadelphia, Pa.,

July 30th, 1917.

THE BRITISH HOMŒOPATHIC CONGRESS.

[To the Editor of the "Homeopathic World."].

DEAR SIR,—It has been officially decided not to convene the British Homeopathic Congress during the current year; most of the members usually attending are now serving His Majesty with the Colours.—But it is eminently desirable that homeopathic confraternity find as much informal expression as possible, so as to keep alive the spirit if not the machinery of "gathering ourselves together."

The President and the Secretary will be happy to meet those colleagues usually attending Congress, who are in town on the first Thursday in October, and after the address of the President of the British Homœopathic Society. The gathering will be quite informal and private, and in order to render it both useful and pleasant, Dr. Byres Moir and Capt. Allan Broman will speak on "Physical Therapeutics in War Work." These gentlemen have recently returned from France, where they have seen at first hand the newest and most approved methods for remedying the residual bodily injuries from warfare, and some account may be given of the new Physico-Therapeutic Hospital now being equipped at Golder's Green, to which these gentlemen and also the President of the Congress are attached.

It is hoped that this foregathering will be specially interesting to those of our colleagues who hold War Hospital appointments. Detail as to time and place of meeting will be in due course conveyed to those colleagues usually attending Congress assemblies.

We are, yours faithfully,
DUDLEY WRIGHT, President,
GEORGE BURFORD, Secretary and Treasurer,
of the British Homeopathic Congress.



LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET. BLOOMSBURY.

Hours of Attendance: - Medical (In-patients, 9.30; Outpatients, 2.0), Daily; Surgical, Mondays and Tuesdays, 2.0; and Thursdays and Fridays, 9 a.m.; Diseases of Women, Tuesdays, and Wednesdays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Nose Throat and Ear, Wednesdays, 20; and Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Monday, Thursday and (Qut Patients) Saturday mornings; and Wednesday, Thursday, and Friday afternoons; Diseases of the Nervous System, Fridays, 9 a.m.; Electrical Cases, Tuesdays, and Fridays, 2.0 p.m.; Physical Exercise Department, every day except Saturday at 9 a.m.

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or locum tenentes. should communicate with the Secretary of the British Homeopathic Association (Incor.), 43, Russell Square, W.C.1, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH,

(The Homoeopathic Publishing Co., 12, Warwick Lane, E.C.4, supply any of the undermentioned works upon receipt of published price and cost of postage).

price and cost of possage).

Biss (H. E. J.). Bailliere's Popular Atlas of the Anatomy and Physiology of the Female Body. Folio. (Bailliere, Net 4s.)

Carrel (A.) and Dehilly (G.). The Treatment of Infected Wounds. Translation by Herbert Child. With Herbert Child. With

Carrel (A.) and Dehilly (G.). The Treatment of Infected Wounds. Translation by Herbert Child. With introduction by Sir Anthony A. Bowlby, Cr. 8vo, pp. 246. (Bailliere,

Dawson (P. M.). Elements of Anatomy and Physiology for Nurses. Cr. 8vo. (Macmillan. Net 7s. 6d.)

Dentists' Register (The), 1917. Royal 8vo, pp. 167. (Constable. Net 3s. 4d.)

Doyen (E.). assisted by Spencer-Brown (H.). Surgical Therapeutics and Operative Technique. 3 vols. 3 vols. (Bailliere, Vol. I. Royal 8vo, pp. 755. sold in sets only. Net 25s.)

Hernaman-Johnson, and James B. Mennell. 8vo, pp. 287. (Bailliere.

Mennell. 8vo, pp. 287. (Balliere, Net 7s. 6d.)

Hartley (C. Gasquoine). Motherhood and the Relationships of the Sexes. 8vo, pp. 396. (E. Nash. Net 7s. 6d.)

Jones (A. Bassett) and Liewellyn (Liewellyn J.). Malingering; or, The Simulation of Disease. With a chapter of Wellingering; p. Palation to the Even on Malingering in Relation to the Eye by W. M. Beaumont. Royal 8vo, pp. 730. (Heinemann. Net 25s.)

Medical Register (The). 1917. Royal, pp. 1 282. (Constable. Net 10s.)



TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. Wheeler, Garryowen, Putney Hill, S.W.15.

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homoeopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Macfarlan, U.S.A. — Dr. Burford, London.—Dr. Clarke, London.—Dr. Grouleff, Sweden. —T. H. Cole, Esq., Bromley.—Dr. Carmichael, U.S.A. — Dr. Sarah Hobson, U.S.A.—Dr. T. Simpson, Ormskirk.—E. Vinden. Esq., London.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist.

'Hom.—Med. Times.—Med. Advance.—The Chironian.—La Hom copatia.—Ind. Hom. Rev.—Hom-Envoy. — Med. Century. — Rev. Hom. Française. — H. Recorder.

-L Omiopatia in Italia.-N.A. J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Annals de Med. Hom.— Hahnemannian Mon. - Pacific Coast Journal of H.—Journal B.H.S.—Calcutta Jour. of Med. Le Propagateur de L'Homœopatie.—Fran Homöopatiens Värld.—Journal of the American Institute of Homoeopathy.— Indian Homocopathic Reporter.— La Critica.—The Homœopathician ---Iowa Homœo. Journal.— Homeopathisch Tijdschrift.

The Homeopathic World.

CONTENTS OF AUGUST NUMBER.

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ORIGINAL COMMUNICATIONS:

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Diagnostic Interpretation of Urinary Findings. By Lindsley F. Cocheu.

Soap: Its Use, Misuse, and Abuse. By Frank H. Barendt, M.D.Lond. F.R.C.S. Eng.

The Children's Homœopathic Dispensary.

SOCIETY MEETING:

British Homosopathic Society.

British Homogopathic Association (Incorporated):

Receipts from 16th June to 15th July.

EXTRACTS:

Remedies in Epidemics.

CORRESPONDENCE:

The Dr. Pincott Fund.

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THE

HOMŒOPATHIC WORLD.

OCTOBER 1, 1917.

THE SESSION 1917-1918.

THE work of the New Session will receive a worthy start, in the delivery of an introductory lecture by Dr. Byres Moir, on October 10th, at 5 p.m., on the subject of Present Aspects of Medical Education. We hope to have the honour to print this lecture later, but trust that as many as can will be present to hear what will certainly prove a stimulus and a pleasure. On October 16th, Dr. Wheeler gives the first of his lectures on Materia Medica, Dr. Goldsbrough follows on the 18th. The Compton Burnett lecturer, Dr. Weir, begins his course on Friday, October 12th.

Thus before long the work of the Session will be under way, and we trust the conjoined efforts will be useful, and that even in these busy days students will be found to take advantage of this teaching of Homœopathy. The fundamental truth of our doctrines is unshaken after more than a century of controversy, and although Science has many valuable weapons to fight disease with besides drugs, yet it is not too much to say that in the use of drugs the man who is ignorant of the teachings of Homœopathy misses aid which is invaluable. It is for us to spread a knowledge of our own gifts to medicine while gratefully using the manifold treasures brought to light by other workers.



NEWS AND NOTES.

"THE SHINING EXAMPLE OF BRISTOL."

WE had the pleasure to chronicle last month the timely lead of Lady Durning Lawrence in sending a donation for one hundred pounds to the Bristol New Homœopathic Hospital Fund. This month the generous donor is Mrs. Clotworthy, of Hampstead, who has transmitted a cheque for a hundred pounds through Dr. Burford to Mrs. Melville Wills for the new Hospital. Mrs. Clotworthy is well known as a generous benefactor to Homœopathy, inter alia two endowed beds in the London Homœopathic Hospital bearing the family name. It was owing to the initiative of her late husband, Robert Clotworthy, Esq., that the great Guesdon bequest was received by the latter institution Our cordial congratulations to the friends o Homœopathy at Bristol.

Honour to Dr. Hall's Son.

Our readers will learn with great pleasure that the Military Cross has been conferred on Lieutenant Geoffrey Hall, the younger son of our colleague, Dr. Hall, of Surbiton. This young soldier is as distinguished for his modesty as for his efficiency and courage, and this public honour is welcome confirmation of the facts well known already to his friends. Our hearty congratulations to son and parents.

.MR. HAHNEMANN STUART.

We owe this extract from the leading local paper to the kindness of Dr. Simpson. It gives an account of a great friend of Homœopathy, whose death leaves a big gap at Liverpool.

Merchant and Reformer. Mr. Hahnemann Stuart.

"By the death of Mr. Hahnemann Stuart, Liverpool has lost a merchant and Liberal politician, who was carrying on with other members of his family the traditions of commercial enterprise, political progress, and philanthropy inherited from his father.





"The eldest of the seven sons of the late Mr. Peter Stuart, J.P., of this city, the founder of the private limited company of Stuart and Douglas, general merchants, 41, Castle-street, Mr. Hahnemann Stuart was one of the directors of the company and also a director, since its formation, of the African Association. He was a member of the Liverpool Chamber of Commerce and very active in its African trade section, his knowledge of West African business being especially extensive, and at one period he supervised the running of twenty-one vessels in the West Coast trade. He influenced the late Sir Alfred Jones in taking up the prevention of tropical diseases. In commercial as well as in Liberal and charitable circles he will be sorely missed. He shared the strong sympathies of his late father (a personal friend of Mazzini) with the Freedom of Italy movement, and, like him, and a younger brother (Dr. Peter Stuart, who died but a few months ago) was a staunch supporter of the Hahnemann Hospital. The Liverpool Reform Club has lost. one of its senior and most esteemed members, the Junior Reform Club a founder, and the National Liberal Club a promoter. Mr. Stuart, who had entered upon his seventy-third year, and was a bachelor, resided at Elm House, Seaforth, with a younger brother and partner (Mr. Mazzini Stuart) and a sister. He passed away suddenly, apparently from heart failure, while on a commercial visit to Ellesmore Port, where the firm have an extensive estate, including a wharf, the collapse occurring while he was seated in an office chair to await an interview."

THE NEUILLY HOSPITAL.

We note with deep interest that a full history of this institution will be issued shortly. Meantime, a valuable pamphlet just to hand, gives some details of great interest. To have raised no less a sum than £7,000 is a most creditable feat, and we have no doubt that the account of its expenditure and of the results achieved by it will be one in which we can take great pride.



THE LATE DR. MUNSTER.

WE have much pleasure in announcing that as a result of the efforts made to raise a fund in memory of our late colleague Dr. Munster, a sum of £500 has been collected and will be devoted to suitable ends.

A WAR DIFFICULTY.

Our readers will readily understand that during these days it is by no means easy to get supplies of books from America. The Homœopathic Publishing Co. therefore trust that delays in the execution of orders from America will be pardoned.

UREMIC CONVULSIONS.—A tall, dark, scrawny man of seventytwo had been having uremic convulsions. First a frightful convulsion without warning, then three or four others with anticipating frequency and lessening intensity, then beginning all over again. The only thing the man himself could tell about it was that he had terrific, sharp pains shooting up the body, through the sides of the head; then he lost consciousness. The convulsion began by his jumping to his feet and struggling aimlessly with loud respiratory gurgling and snorting, frightful facial contortions and frothing at the mouth. Then falling to the floor with tonic spasm and opisthotonos; the coma, with deathly pallor, sunken, almost hippocratic features, copious, warm sweat and feeble pulse. From this he would gradually revive, and after one to three hours appear nearly normal until the next convulsion. The convulsions appeared during the daytime only, but he kept the family in restless solicitude with his disconcerted snorings at night. After a dose of Arsenicum album. 4m. there were merely threatening symptoms once; the albuminuria disappeared, and there has been no trouble since—six months.

Dr. R. HAYES, I.R.R.





ORIGINAL COMMUNICATIONS.

NON-COMMERCIAL CHLOROFORM) A

Donald Macfarlan, B.S., M.D., Philadelphia, Penna.

THE following proving was made with non-commercial chloroform. The 6th hand potency was used with water as the menstruum. In no case did the provers know that they were making a proving.

MIND AND SENSORIUM.

The proving ameliorates the weakness associated with the dizziness. An awful weak spell is brought on; the weakness is all on the right side of the body. She could hardly move her right arm when she first reported. . . . the medicine helped this remarkably.

A prover (female) is made much weaker: in the same person the headache and dizziness from head movement has been dissipated.

A prover (male) feels much stronger (curative effect)
. later on a good deal stronger.

Drowsiness is produced in a married female.

pushing the proving she becomes very drowsy and sleepy.

Been drinking nothing but water . . . cannot get enough water . . . drinks one glass after another . . . the water is ice-cold but it does not taste cold, "just like water in the summer-time."

Feels feverish and uncomfortably hot all the time. In the same case hunger has left her and she now craves something but does not know what it can be.

The dynamised preparation makes a prover physically weaker: later, he becomes very weak right in the knees. "feels like dropping from exhaustion after walking a square." It seems, in fact, as if his knees would not hold out; after walking a square "it seems like thirty or forty miles." The same man becomes very short of breath while walking upstairs. he has to stop half-way up the landing. He has a smothering around the heart but no palpitation with it.



Caused disinclination to work in a woman past middle life. On proving she seemed to lack the ambition to work. The same individual notices a lack of thirst . . . she states that she takes about one glass a day and this before her breakfast.

A man complains of being so weak.

Another feels languid mostly all day long ... always more tired round 4 or 5 p.m. When this man walks he feels sick at the pit of the stomach but not like vomiting ... what he calls a caved-in feeling. His limbs are very tired from the knees down as if he would topple over. The same individual states that he notices a considerable thirst. Later on the left leg felt so weighted and heavy that it seemed leaded down with lead. Later, around the calf of both legs a dull heavy feeling as if weighted down with lead. He says he is very tired from the knees down and sometimes this tiredness is just as bad when he even sits around.

In a female prover dizziness is complained of in the

morning and in the night time as well.

In another female dizziness and a condition of weakness is appreciably bettered.

HEAD.

Amelioration of dizziness in a female.

Great perspiration all over her face. In the latter, headache and a dizziness from head movement has been dissipated.

Diminished watering of the eyes.

Pains in the back part of the head; these pains are dull and constant and so severe that she could not raise her head from the pillow. It travels to the forehead after leaving the back part. It does not stay in the forehead long.

In another, shooting pains in the temples develop in afternoon. They are dull and intermittent.





Frontal headache . . . sharp pain in the back of both eyes . . . an intermittent condition.

A female prover complains of being very dizzy in the morning. Later, the same person develops a nightly dizziness.

The action of dynamised chloroform closely parallels Gelseminum as regards its ability to produce great drowsiness and dizziness in the healthy prover.

THROAT.

The proving clears off a nasty white coating on the back part of the tongue.

Nightly dryness of the throat. In the same individual a dry cough appeared and she coughed a lot at night.

Dryness of the lips.

A man begins to spit up whitish mucus came up freely, accompanied with a throat cough. He is disturbed by coughing as soon as he lies down ... the cough was tight and seemed located in the mid-sternal region . . he had to gag to get up the whitish phlegm.

Dry tickling cough at night not so much in the day-time when on his feet.

STOMACH AND ABDOMEN.

Removed a condition of gas in the stomach.

Primarily induced frequent movements of the bowels: the motions were soft and were easily voided. same prover used to belch a great deal. This has been much improved by the proving. The appetite in this man was improved.

Vomiting is noted. This is described as very bitter . "worse than a lemon."

A woman was greatly relieved of a gaseous condition. It seemed to relieve her of the awful sharp cramps which had troubled her on reporting. The dynamised drug corrected her costiveness to such a degree that she gave up her routine enemas.

The stomach feels heavy as if loaded up with bricks. He has been belching less since taking the medicine. On pushing the proving, he had only two hours sleep, the rest being broken by pressure and soreness in the



There is a squeezing in the stomach like stomach. a cramp which shuts off his breath. This flatulency affects his heart's action. He now begins to eructate a lot of gas especially right after eating. Walking seems to jolt the stomach which is sore. Removed in a female a soreness right across the belly. The pain had been sharp and intermittent.

There is brought on in a male a terrible bringing up of gas and mostly after eating. The man has to walk about the room constantly to get up the gas. Later, hecould not sleep because of "nerves" and soreness and dulness in the stomach. The act of belching brings up his cocoa this morning. Once in a while the eructations are sour. The eructations come quickly in succession and are violent as a rule. A "lump" seems to arise and it settles in the mid-sternal region . . . does not know whether this may be food or incarcerated eructation, but as soon as he belches, however, he is relieved.

The bowels move twice daily in a female whose normal habit is but once.

Regurgitation of food with the gaseous eructation and without any preliminary nausea (he tells of oysters coming up as taken).

After primarily inducing a laxity of the bowels, a reversal of state is seen and she has to force the stool.

Heavy soreness and bruised feeling in the stomach: when the prover stooped to fix his shoes the act seemed and there is great distress in the stomach. He awakens at night with a pressing from gas in the stomach; when he walks he feels sick at the pit of the stomach but not like vomiting what he calls a caved-in feeling is developed. became swelled-up and puffy over the stomach area. There was evidently great distensive oppression with a sense of weight for it seemed to him like a load of bricks that "would bust on you." Later on, the whole belly puffed up in solid fashion . . . painful to the touch . . in fact, was sore and heavy and pained a great deal on pressure and touching.

The stools are a very light yellow, and it has been this way ever since the proving started. He says he has



to strain at stool, which brings down the piles (he had been troubled with piles years ago). For two days running he begins to pass blood by the rectum . . the first day it was a pinkish hue . . . the next day it was dark. The man was powerful and the proving was pushed still further. After stool he develops dull pains about the rectum (if not mistaken it was described as a heavy pain.) It was sore to The stomach feels heavy after eating he is belching much gas, and a small amount of food at night will cause distress in the pit of the stomach like a dull heavy weight. One night, after a long pushing of the remedy great quantity of gas develops while he is in bed. He had to get out of bed to force it up, otherwise it would have smothered him around the heart. In this case, walking brings up the gas. The belly was so swollen later on that the prover could not button the fly on his trousers or even wear a vest. The bloating starts at 4 p.m. and gets progressively worse until 6 a.m. He is a great deal better in the morning as regards the distension. Homeopathic commercial chloroform is therefore remarkable in the production of enormous and drum-like distension.

A nasty gnawing in the stomach. Griping and cramp in the stomach.

A "load of bricks" like feeling in the stomach.

The stomach area is so sore that it felt as if it had been punched by someone.

The lightest or heaviest meal causes distension.

In a female the stomach felt upset . . . she experiences griping pain . . . there is belching both day and night.

BACK AND BODY.

The proving produced a weakness all on the right side of the body. This female prover could not hardly move her right arm when she first reported. The medicine helped this remarkably.

Great perspiration develops all over the body despite little clothing worn and despite being near an open window.

Produces a very stiff back after about a week's



proving. She could not straighten her back. (In two females, however, reporting with backache, it was in no wise a helping remedy after a two-day proving). Shooting pains just like neuralgia in both sides of the chest. Shooting pains right over the heart.

At the base of the spine he is tender but only after

a passage.

Ached and is tired in the shoulder-blades, a dull heavy ache is felt.

A smothering around the heart but there is no

palpitation with it.

Chloroform produces sweating and this sweat is mostly on the chest (he never sweats as a usual thing, he states).

Very weak across the back. Severe bruised pain in the left lumbar region with an occasional sticking. This was relieved by a mustard-plaster but a soreness remains (he did not know he was making a proving).

Flashes of heat come and go all over the body.

The undershirt is wet from perspiration.

Sweating over the chest at night, This is repeated, too.

A dull heavy feeling on each side of the spine.

Sharp pain in the left groin . . . shoots towards

the genitals.

Heart fluttering at night disturbing to her sleep. Sharp pains around the heart which shoot around the left. Catching pain around the heart.

EXTREMITIES.

Helped the painful arms of a prover. The prover could hardly move her right arm when she first reported . . . the medicine helped this remarkably.

Helped numbness in hands.

Throbbing round the ankles . . . worse on the right side . . . worse at night . . . worse on touch (tender).

Aching and tiredness in the shoulder-blades. This is

a dull heavy ache.

He gets very weak right in the knees . . . "feels like dopping from exhaustion after walking a square." It seems as if his knees would not hold out.

Weakness in the legs. ..





When he walks he feels sick at the pit of the stomach . . not like vomiting . . . what he calls caved-in feeling.

The limbs are very tired from the knees down, as if he would topple over.

The limbs become puffy below the knee. the garters indent the flesh.

The limbs are heavy and the left leg felt so weighted and heavy that it seemed loaded down with lead.

- A marked pitting, analagous to a full-blown dropsical case, develops.

Pitting on both legs is seen from the mere pressure of the garter.

Around the calf of both legs a dull heavy feeling is brought on, as if weighted down with lead.

The ankles become so swollen over the instep that he could not lace his shoes.

Very tired from the knees down. This tiredness is just as bad'at times when sitting.

SKIN.

The limbs are puffy below the knee garters indent the flesh. A marked pitting, analagous to a full-blown case of dropsy, seen on both legs, and due to the pressure on the garter. The ankles are so swollen over the instep that he could not lace his shoes.

FEVER.

Great perspiration all over her face and body despite little clothing and despite being near an open window.

Been drinking nothing but water . . . cannot. get enough water . . . drinks one glass after another . . the water is ice-cold but it does not taste so (just like water in the summer-time.)

A prover sweated a lot at night and feels feverish and uncomfortably hot all the time.

The throat feels dry at night in a female.

In another woman it greatly lessened the amount of water required . . . she takes only about one glass a day and drinks this before breakfast.

A male sweats mostly upon the chest—this is quite foreign to him normally.



In the tenth prover the lips become dry—she felt feverish all over—felt in fact "all burnt up." Her sensations were peculiar in that if she went out in the cold great burning feverishness was experienced, while in the warm room she felt chilly. In this case flashes of heat would come and go all over her body. The undershirt was wet from perspiration.

In a man the homœopathic preparation brought on considerable thirst. In this person a sweating over the chest develops. This occurs on two different nights.

RESPIRATORY.

At night in the right chest he experiences great pain it was sharp and stinging. He could not lie on the left side because "it felt as if something inside of the chest would fall over and incommode him." The same man develops sharp pains in the right chest when he took a long breath. Later, he has a little tightness on the chest on the right side. Still later, soreness mostly in the right chest. Worse when lying down at night. a dull soreness and it comes and goes. It is worse when he stoops over to pick up anything.

In another case (female) awful pain in the chest—all over the chest. Worse on the right side—it hurts to breathe and especially to cough. In this case rattling in the chest has developed but nothing comes up at all.

A prover gets very out of breath when walking upstairs—he has to stop half-way up. He has a smothering around the heart but there is no palpitation with it.

Throat felt dry last night. She coughed a lot and the cough was dry.

The chloroform removed in a prover a sharp painful cold in the chest.

A male begins to spit up whitish mucus—this came up freely and it was accompanied with a tickling throat cough. The proving affected this man in another fashion—he became disturbed by coughing at night as soon as he laid down—the cough was tight and it seemed located in the mid-sternal region. He had to gag to get up the whitish phlegm. Dry tickling cough the last two nights—not so much in the daytime when on his feet.

In still another prover the chest is affected—pain is experienced when she breathes and this is located in the mid-sternal area. It is hard to breathe, she states.

SLEEP.

Improved the drowsiness in a female. Subsequent to this, upon pushing the remedy, it caused her to become very drowsy and sleepy. In another female prover it caused her sleeping to become much better.

In a man the rest disturbed at night by a sense of pressure and soreness in the stomach. Later on, he could not sleep on account of "nerves" and soreness and dulness in the stomach. Dreams disturb him.

In another case, sleep was quite banished one night through and the very next night she could not sleep until about six o'clock in the morning—she says that she feels sleepy but cannot sleep.

After the primary induction of the sleepless state in a woman, upon pushing the proving it caused her to sleep much better.

It causes a man to feel languid and this mostly all day long—he is always more tired around 4 or 5 p.m.

Cat-nap sleep.

Awakens at night very nervous with a pressing from gas in the stomach.

Disturbed by coughing on lying down.

A male prover does not sleep well.

In a female the heart flutters at night—it disturbs her sleep.

URINE AND SEXUAL SPHERE.

A male notices that he passes his urine more frequently and the amount is more than usual.

In a woman the homeopathic preparation stopped the frequency of urination every three hours—she can go for four hours now.

In another case the colour has been changed by the taking; the hue on the whole has been made lighter in colour. It used to have a sediment as if it had milk in it and gave forth an ammoniacal odour. The odour has disappeared. The proving has stopped this man's nocturia—he used to get up two or three times



at night before the exhibition of the medicine. pushing still farther, the urine looks milky, with a scum on the top. Two days later it was a little cloudy, with a thin reddish coating on the bottom, still later, the urine clears. At one time in the proving it was like soup cream-tomato (absolutely opaque). urination now becomes freer and he has to void twice at night. Also very dull pain in the testicle develops both testicles feel heavy. The urine now becomes dark amber—like brick-dust. The specific gravity is 1027. Still later, the urination but once at night, the specific gravity standing at 1025 and clear in colour but dark in hue. In this case pitting of the skin develops like a full-blown case of dropsy, seen on both legs and from the action of the garter. On the day of reporting a woman has to void her urine every hour or even more frequently than this two days later she only went four times to urinate. On the day following her day of first appearance the urine became darker and adhered to the sides of the vessel.

FEMALE.

NEGATIVE in my provers. One case developed a sharp pain in the left groin, shooting towards the genitals.

MODALITIES

AGGRAVATION. On stooping, lying down, 4 to 5p.m. on exercise (in the ascent of steps). It is a right, sided remedy (lung involvement). Patient is worse after eating.

AMELIORATION by walking about (of the gaseous eructating state).

AMMONIA (LIQUID AND CARBONATE) IN PYAEMIA, etc.

By Erskine C. White, Esq. (Communicated by Dr. J. H. Clarke).

Case I.

A stout powerfully built man had (uric acid?) stone removed from left kidney (aperture left open in back), from which pus exudes. For eighteen





months always got attacks of shivering and blood poison every three months. Ammonia at once arrested all symptoms—restored to health.—Begged to continue to heal kidney he refused, as a fatalist, and at length died from diarrhoa.

CASE II.

During a small-pox scare a few years ago, the doctors, who had nothing but stale vaccine (ten years and more) caused people's arms to swell; turn black and blue,

(a) Arms had to be amputated in more than one instance.

(b) Many died in from eight to thirty days.

All whom I could persuade to take Ammonia (in its crudest form even) recovered in forty-eight hours even when amputation was imminent.

In twelve hours the drawn look about face disappeared. In twenty-four hours, swelling and appearance of arm greatly modified. In forty-eight

pearance of arm greatly modified. In forty-eight hours arm normal! No other drug whatever used.

I was led to employ Ammonia as above from noticing its almost instant action in a case of almost fatal snake-bite, as below.

Girl, æt 14 bitten at 8 a.m. on side of right calf. whisky, tourniquets, bleeding and other home remedies until 4 p.m., when girl in last stage of collapse: heart merely fluttering: incessant retching; face cadaverous; girl ice-cold.

Being more in my amateur days, I imagined a

strong dose better than its opposite.

Result of four doses. Nil in five minutes. I now made up a number Ix with pure brandy and gave three drops every two minutes or so.

Results in minutes from first of treatment.

7th.—None apparent,

9th.—Slight cessation of retching almost perceptible.

10th.—Retching reduced from one per second to one per one and half second.

11th. One in two seconds.

12th.—One in five seconds.

12½.—One in fifteen seconds.



13th.—One in 30 seconds.

15th.—Retching completely ceased.

Physician arrived one hour later.

Verdict,—" Life saved." (Only intense vigilance at first could detect a trace of relief).

Railway Street, Campbell Town, N.S.W.

OBSERVATIONS ON 120 CASES OF LEAD ABSORPTION FROM DRINKING WATER.*

By W. W. STAINTHORPE, M.D., B.S., DURHAM.

ABDOMINAL SYMPTOMS.

- During meals the patient 1. Abdominal distension. suddenly experienced a sensation of fulness and distention all over the abdomen, together with nausea and desire to eructate, lasting from a few minutes to several hours, and passing off quickly with possibly no recurrence for several days.
- Abdominal heaviness. In this variety a cold, weighty feeling was experienced in the lower abdomen, setting in soon after meals, causing a "bearing down" sensation and a desire to pass urine and flatus, both of which gave temporary relief.
- Burning sensation in the epigastrium. symptom commenced as a raw burning sensation at the back of the throat, particularly in the early morning after drinking fluids, passing down behind the sternum, where it was frequently very acute, to the epigastrium, and through to the back between the shoulder-blades; at times, the diaphragm felt raw and tender, so that deep inspiration and coughing became painful. of appetite, nausea, anorexia, with a sour clammy taste in the mouth, were usually present, as well as a desire to vomit and retch, which frequently resulted in the vomiting of glairy mucus having a very bitter, sour taste; rarely did the vomit contain food previously taken.
- * From the Hahnemannian Monthly. With grateful acknowledgments to author and editor.—ED. H.W.







Homosopathic World. LEAD ABSORPTION FROM WATER.

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4. Gnawing sensation This commenced as a vague uncomfortable feeling all over the abdomen, occurring at irregular intervals, and frequently associated with general weariness and languor, seldom of sufficient severity for the patient to seek medical advice, until the symptom became merged into a dragging, gnawing sensation, which usually became localised to the epigastrium or hypogastrium as the severity increased; it was usually likened to a tearing sensation, as if the bowels were being torn out or grasped by an unseen hand. This symptom was always worse from two to three hours after meals, and was accompanied by an intense craving for food or drink, which usually afforded instant relief for the time being. Exercise and exertion considerably aggravated the condition. constant desire to pass flatus, to eructate, and to micturate attended this symptom, the least effort to do so being usually strained and very painful.

Colic. The preceding symptom was the most frequent forerunner to definite attacks of acute colicky pain in the abdomen, which varied in character from a sharp stabbing, cutting pain to one of an acute twisting variety, as if the bowels were being nipped. attacks usually came on quite suddenly, and with such severity that the patient would roll about in considerable agony; the duration varied from a few minutes to several hours. The point of maximum intensity usually altered at each attack, the most frequent localities being around the umbilicus, the left iliac region, immediately above the pubes, and to the right of the epigastrium. During the attack the patient would break out into a cold, clammy perspiration, and present an anxious appearance, the temperature being usually subnormal and the pulse-rate slightly increased; a few cases only were observed in which the pulse-rate was under normal. When the pain was distinctly unilateral the pupil of the eye of the affected side was frequently noted to be contracted when compared with its fellow, and marked vagal tenderness upon the same side of the body was usually observed. The colic was often accompanied by vomiting, the vomit being bilious and containing a quantity of mucus. A con-



stant desire to micturate, resulting in the voiding of a small quantity of urine, attended by considerable pain, was always present during an attack of colic. After the passing of the spasm the patient would fall into a sound sleep, and upon awakening the abdomen would be very tender to the touch, the pulse-rate usually above 100 per minute, and the temperature averaging 99 degrees to 100 degrees F.

HEADACHE.

This was a frequent and troublesome symptom, and in many instances the first and only subjective one for a considerable time. It was always attended by a sensation of lassitude, languor and fatigue in the early stage; later general restlessness, irritability of temper, partial temporary loss of memory, attacks of dizziness occurring quite suddenly, slight dimness of vision, periods of insomnia, and hallucinations of sight and hearing were noticed. The pain usually remained localised to one of the following regions—viz., occipital, frontal, temporal, or vertex, and frequently depended on character upon its situation. The occipital variety was most intense over the occipital protuberance, radiating down into the muscles of the neck, and was of a dull aching character, often so intense as to completely invalid the sufferer. The frontal variety commenced as a slight feeling of heaviness behind the eyes, followed later by a sensation of constriction over the forehead. The temporal variety was more throbbing in character, usually accompanied by sharp shooting, darting paroxysms, as if some instrument were being forced through the head from one side to the The vertex variety commenced with a feeling of heaviness, as if some weight were resting upon the head, followed later by a "bursting open" sensation. The headache was usually very severe in the mornings, improving as the day went on, only to recur with a maximum intensity during the evening, vomiting frequently being present at the same time.

ANÆMIA.

This condition varied from a slight pallor of the conjunctiva and mucous membrane of the mouth—usually





attended by a yellowish appearance of the conjunctiva and of the skin of the face—to an intense anæmia suggestive of malignancy. In the early stage microscopic examination of the blood did not show any marked change; in the later stages the erythrocytes were considerably diminished in number, and there was a corresponding diminution in the amount of hæmoglobin. Poikilocytosis was rarely seen, and in some instances there was a diminution of the polymorphonuclears and an increase in the lymphocytes. These observations tend to prove that basophilia as a sign of plumbism cannot be relied up.

NERVOUS AND MUSCULAR DISORDERS.

While symptoms indicative of irritation of the nerve and muscle tissue were present in many of the cases, only a few showed symptoms indicative of destruction of these tissues. The disorders of tactile sensibility were usually described by the patients as numbness and tingling, or "pins and needles" in the fingers and toes. The vaso-motor disorders consisted of cold hands and feet, and sometimes of hot, burning sensations in the extremities, especially after getting up in the early morning. At times the skin of the fingers and toes became quite white or warm, livid and moist. Profuse perspiration upon slight exertion was often noticed by the patient.

Muscular spasms. These were often noticed, either in the form of tremors and twitching of the extremities, or active cramps, most severe and persistent in the calves of the legs. These cramps were usually worse at night, preventing sleep; or in the early morning.

Sensory disorders. These consisted of aching, burning, twisting or shooting pains in the limbs, with occasional paroxysms of excruciating lancinating pains, principally in the legs and feet. At one time the darting pains would be in the fingers, at another in the arms, at another in the legs; in other cases, again, the sensory branches of the intercostal nerves were implicated. In some cases the superficially situated nerve trunks, such as the ulnar, the musculo-spiral, or the popliteal nerves were unduly sensitive. A few



cases showed slight cutaneous anæsthesia. In one patient who had complete ankle-drop and partial wrist-drop of both hands the anæsthesia was complete in the lower limbs as high as the knees, and in the upper limbs as high as the elbows. Muscular hyperesthesia was frequently localised to the muscles of the legs.

Motor disorders. Impairment of the function of the muscles of the upper limbs was frequently noticed, the finer movements of the fingers and thumb being feebly performed, followed later by distinct weakness of the extensors of the wrist, patients often complaining that the grasping power had considerably diminished, and that they were afraid to carry any breakable object in case it suddenly fell from their hands. cases presented complete paralysis of the extensor muscles of the wrist and fingers of the right hand; in each case the paralysis became complete within three weeks of the patient first complaining of any symptom of plumbism. Although many suffered from weakness of the muscles of the legs, associated with exaggeration of the knee-jerk and of the plantar reflex, only one case of ankle-drop came under observation. Impairment of the muscles of the face was frequently noticed, as shown (1) by tremor of the lips, or on protrusion of the tongue; (2) by loss of expression, the lines which give character to the face being less marked or even obliterated. Two patients suffered from ptosis, one from nystagmus, and two from partial incontinence of urine and fæces.

MENSTRUAL DISORDERS.

Dysmenorrhea was very pronounced in many cases, frequently lasting a week, accompanied by a scanty flow. Other patients had intervals of amenorrhea for several months, then one or two normal periods. The majority of the female patients suffered from profuse menorrhagia lasting in some instances for a period of three weeks.

Abortions.

Careful investigation failed to reveal an excessive number. In this series there were only five patients in whose urine lead had been found to be present who





had suffered from abortions, one of whom had previously aborted three times in five years, another twice in three years.

Blue Lines on Gums.

This sign depends largely upon the care devoted to the toilet of the mouth. Only two out of the fifteen patients seen presenting a blue line were in the habit of brushing their teeth daily. The intensity of the sign bears no relationship to the severity of the symptoms. I have seen it very pronounced in persons suffering from quite trivial symptoms of plumbism, and I have even known of the existence previous to symptoms appearing; fifteen out of 120 had the sign.

CONSTIPATION.

Although not a constant feature, many complained that their usual evacuation of the bowels was attended by more than usual effort, and that they frequently had recourse to aperients. Those who suffered from costiveness in a marked degree frequently had attacks of spasmodic diarrhea followed by obstinate constipation. Many cases were observed in which acute attacks of colic occurred after the exhibition of aperients amongst patients who had not previously suffered from abdominal trouble.

CONVULSIONS.

Two cases of convulsions came under my notice, the patients being sixty-five and eighteen years respectively. The former had twenty convulsive seizures extending over a period of eighteen months; the latter six attacks in four months. They occurred quite suddenly without any previous warning, usually whilst the patient was walking about. Complete loss of consciousness was quickly followed by spasmodic twitching of the muscles of the face and limbs, usually unilateral. Respiration was at first quiet and sighing, later loud and stertorous, and at times intermittent; as the convulsive spasm passed off the breathing resumed the slow, shallow, sighing type. The pulse, which at the onset was fast and bounding, quickly



became slow, intermittent, and at times hardly perceptible. The pupils of the eyes were usually dilated, fixed, and frequently unequal. Incontinence of the bladder and rectum usually took place during the attack. After the convulsion the patient would fall into a heavy sleep lasting several hours.

ALBUMINURIA.

This sign was present in twenty cases, varying in amount from a mere trace up to four grammes per litre, estimated by Esbach's method.

SERUM TREATMENT OF EPIDEMIC POLMYELITIS.—Amoss and Chesney (Journ. of Experimental Med., Baltimore, April, 1917, No. 4) describe in some detail the methods used and the results attained in twenty-six cases of acute poliomyelitis treated with human serum from recovered and convalescent cases of the disease. Of twelve cases which showed paralysis at the time serum was first given, one patient died ten hours after the serum was given, two patients suffered some degree of extension of the paralysis, while the remaining nine showed no extension of the paralysis. Of fourteen cases in which no paralysis was detected at the time serum was administered, two patients developed respiratory paralysis and died; and two others developed some degree of weakness or partial paralysis of certain muscle groups. remaining cases (seventy-one per cent.) never showed any detectable weakness. In the ten instances in which no paralysis occurred, the fever, sometimes high, tended to fall rapidly to normal, the average time of the fall being 25.7 hours. These cases demonstrate the harmlessness of the serum when introduced intraspinally under suitable conditions. The earlier in the course of the disease the serum is employed in suitable doses, the more promise there is of benefit. The question of multiple and repeated injections of the serum has not yet been worked out. In some cases here reported, and especially in the group in which no paralysis existed at the time of the first injection, the pathological process either did not progress at all, or here there was extension, as in two cases the upper segment of the spinal cord became rapidly involved, and was followed by respiratory paralysis and death. Probably in cases in which some degree of muscular weakness develops soon after the injection of serum, re-injection twelve to twenty-four hours later may be advantageous.

Medical World.



SYDNEY.

HOSPITALS AND INSTITUTIONS.

We have received the fifteenth annual report of this Institution. We are glad, though not in the least surprised, to find a record of a fine year's work. Inpatients numbered 183 of whom 157 were cured and 13 relieved: seven were in hospital at the time of the report and six died. Out patients were 719 with 2,322 attendances. The hospital continues to receive a Government subsidy but but there is a small deficit in the working account, though this is really due to an extraordinary expenditure in alterations. If this is deducted there is a good surplus. Dr. H. L. Deck is still at the front and much missed. Dr. Rendall has joined the staff. Our congratulations to our colleagues for an excellent report.

PNEUMOCOCCUS DIPHTHERIA.—T. Reh (Arch. de Mêd. des Enfants, Paris, March, 1917, No. 3, pp. 113-168) reports eleven cases encountered at Geneva in which the symptoms, the false membranes and the course of the disease seemed to be unquestionably typical diphtheria, but bacteriological examination showed them to be of pneumococcus origin. The patients were all children between eight months and seven years old. One had a psuedo-membranous conjunctivitis, four a pseudo-membranous sore throat, five membranous croup, with expulsion of the false membranes, and one had croup with the false membranes extending into finer bronchi, and terminating fatally. All the others recovered rapidly and without complications. In treatment he advises diphtheria antitoxin, as it is impossible to exclude diphtheria under two or three days, but bacteriological examination is important for the prognosis, as pseudo-membranous penumococcus develops like a purely local affection, without complications, and soon subsides. The sudden and stormy onset, the rapid course and usual absence of complications correspond to what we know of the ephemeral vitality and virulence of the pneumococcus. Comby insists that the false membrane cannot be distinguished in any way from that of diphtheria. No contagion developed from Reh's case. Three of the children required intubation; in one the tube had to be introduced nine times with a total intubation of over twenty-seven days.





BRITISH HOMŒOPATHIC ASSOCIATION. (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.I.

RECEIPTS FROM 16TH AUGUST TO 15TH SEPTEMBER, 1917.

GENERAL FUND.

SUBSCRIPTIONS.

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The Rev. W. Bramley-Moore	• •	• •	• •		1	. I	. 0

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Tuesday, 18th September, at 4.30 p.m.

New Operation for Procident IAUTERI.—After amputation of the cervix, Helmuth (Annals of Surgery Philadelphia, April, 1917, No. 4) opens the abdomen in the median line as usual. The operation proceeds now as in the usual hysterectomy, the round ligaments, broad ligaments, and fallopian tubes being severed, the peritoneum sewed down to the attachment of the bladder and around the cervix. The next step Helmuth believes to be original. The uterus is split longitudinally downward, to the point where the bladder is attached to the cervix, and the endometrium dissected out from each cut section. Two incisions are made through the aponeurosis and body of the rectus muscle, and through the peritoneum; each incision being distant one half-inch from the central incision through the rectus muscle, and each running parallel to it (the central incision). Each of these incisions should be large enough to permit one segment of the bisected fundus to be drawn through it. The central incision through the rectus muscle and peritoneum is sutured, and the two parts of the uterus are brought together, being then sewn over the now united aponeurosis and muscle. The skin and connective tissues are closed in after the usual fashion, of the fixed fundus of the uterus.—Medical World.





EXTRÀCTS.

SOLANUM DULCAMARA*

By Wallace McGeorge, M.D., Camden, N.J.

Dulcamara is better known by pharmacists as bittersweet. It derives its name from the two Latin words, dulcis (sweet) and amarus (bitter); but as the bitter taste often comes first, the German name, Bittersuss, is correct. It is also known as the woody nightshade.

Dulcamara is a perennial plant growing in moist places, in ditches, along hedges, and on the borders of rivers in this country and in Europe. It is a climbing shrub. Long after the leaves have fallen off, berries of a bright scarlet hue hang on in pretty bunches. Children who pick and eat these berries generally have vomiting spells followed by diarrhæa and sometimes by a rash simulating nettle-rash.

Dogs, rabbits, and pigeons that have been experimented upon with this drug sometimes die from the poisonous effects, yet *Dulcamara* is not a violently toxic drug. If given in full doses of the tincture to sensitive patients, many unpleasant symptoms supervene: diarrhæa, vomiting and occasionally syncope.

It is a remedy not often used except in certain seasons of the year. In late summer or early fall, when the days are hot and the evenings and nights are cool, or for people who spend their vacations in the mountains, it is frequently called for and given with excellent results.

In children who are kept in during the heat of the day and given their airings in the evening after the sun has gone down and the air has grown chilly, who take cold and have persistent diarrhœa from these sudden changes in temperature *Dulcamara* is often a good remedy.

For people who live in damp houses or in houses where there is water in the cellar, or as a prophylactic

• From the New England Medical Gazette, reprinted with full acknowledgments.



against sickness after exposure in a cold damp house, Dulcamara may be useful.

Guernsey, in his "key-notes," says: "The patient's symptoms are aggravated when the weather suddenly becomes colder, especially if the weather is damp." Hering told us to think of *Dulcamara* in dropsical affections after suppression of sweat, by damp, cold air. Nash considers it a great remedy for back troubles from taking cold.

In acute ascending paralysis, Dr. Hart says, *Dulcamara* is good in simple paralysis of the extremities if the circulation is so interfered with as to produce an icy coldness of the surface, and where the general sensibility is unaffected.

Dulcamara is useful in the early stages of nephritis following scarlet fever, particularly if the patient has been exposed to cold. But when, with the albumen and the casts, there is considerable blood in the urine, Cantharis is better. Bönninghausen says that Dulcamara is the best remedy for "stinking" urine, but I have found benzoic acid better if the offensive odour is the result of renal cancer. While benzoic acid will make the patient more comfortable it does not permanently remove this disturbing symptom.

In retention of urine, in inflammation of the mucous coat of the bladder, with ropy, stringy, gelatinous masses of mucus in the urine, if a result of exposure to cold or damp, *Dulcamara* is useful. But *Chimaphila* will relieve the pain and lessen this mucous discharge quicker than does *Bittersweet*.

When you have a patient who says: "If I get chilled I must hurry to urinate; if I get into a cold place I must go to stool or to urinate," Dulcamara is the remedy. For ineffectual urging to stool, Dulcamara is as useful as Nux vomica.

Phillips, in his useful book on "Materia Medica," says that psoriasis and pityriasis are amenable to the influence of *Dulcamara*; and Sir Alexander Crichton stated that out of twenty-three cases of "lepra" (psoriasis) treated with *Dulcamara*, only two failed to be relieved.

In closing I give you Kent's picture of the Dulca-



mara patient: "The Dulcamara patient often becomes a sickly patient with threatening of the catarrhal discharges to centre in the bronchial tubes, i.e., in the mucous membrane of the breathing apparatus. Many adults die of acute phthisis that might have been cured by Dulcamara, and you will find very commonly among this class of patients those who are worse from every cold, damp spell of weather. Such enter right into the Dulcamara sphere. They are better by going South, where there is a continuously warm climate. The Dulcamara patient is a sickly patient, threatened with acute phthisis, and he has a pallid face that is sickly yellow and sallow."

THE INTERPRETATION OF THE WASSERMANN REACTION.

This memorandum was originally drafted by the pathologist of one of the London Hospitals for use in the venereal department of that institution. It has since been submitted to the pathologists of the other hospitals in London in which examinations are carried out under the scheme now in force. The present leaflet embodies certain additions which have been suggested by them.

The enormous number of tests, which have been made during the ten years since the reaction was introduced, have left no doubt as to the meaning to be attached to definitely positive or negative results in the great majority of cases, but in regard to certain points it cannot be said that universal agreement has been reached. The conclusions suggested in these special cases represent only the general trend of opinion.

It must be remembered that the Wassermann reaction is a quantitative one, i.e., it depends on a certain phenomenon occurring to a certain degree, and hence there will always be border-line reactions, which while showing a distinct departure from the

[This pamphlet issued to Medical Men in London by the L.C.C. is an admirable Summary of present knowledge on this important question.—Ed. H.W.]



normal, are not sufficiently marked to serve as a basis for a definite diagnosis save under special circumstances. Such reactions, when they occur, must be carefully considered in relation to all the known facts of the case in question.

It can be definitely stated that a well-marked positive reaction, obtained with the full technique, or with a modification involving only unessential details, justifies a definite diagnosis of syphilitic infection, provided that leprosy, yaws, and perhaps sleeping-sickness, can be excluded: conditions of which can seldom enter into consideration in this country. A positive Wassermann reaction is sometimes obtained in malarial cases, where there is a complete absence of symptoms of syphilis and no suggestion, in history or otherwise, of a previous taint and this point must be taken into consideration in certain cases.

THE REACTION IN DIAGNOSIS.

Onset of the reaction.

The reaction first shows itself between the second and sixth week after the appearance of the primary sore. Up to the latter date an indefinite result is obtained in a certain proportion of cases, and during the first three weeks, much more certain information may be obtained by examining the chancre for the presence of the Spirochæta pallida. If such an examination give a negative result, and the case be clinically suspicious, a Wassermann reaction should be carried out, and, if negative or indefinite should be repeated after an interval of about a week.

A single negative result obtained during this period is of no value in excluding syphilis.

The Secondary Stage.

From the sixth week onwards, and throughout the whole period of secondary manifestations, practically every case gives a well-marked positive result, provided that no treatment has been administered. If therefore, a patient presents lesions which, if syphilitic, are in the secondary stage and yet gives a negative test,





the greatest care should be taken before making a diagnosis of syphilis; and it would be well in every such case to obtain the opinion of an expert on the clinical condition.

The Tertiary and Late Stages.

The later lesions with certain exceptions, such as aneurism and general paralysis, do not show quite such a high proportion of positive results, but the great majority of cases, e.g., those showing ulceration of the throat and tongue, etc., give a definitely positive reaction. Thus, although a negative result has not the practically conclusive import which it possesses in the secondary stage, yet it should weigh strongly against a diagnosis of syphilis, and this is especially the case if it can be ascertained that the patient has never undergone any anti-syphilitic treatment.

It must be remembered, especially in the case of patients in the tertiary stage of the disease, that a positive reaction only proves that there is syphilitic infection. It does not prove that a given lesion is specific. A good example of this is the development of carcinoma of the tongue following syphilitic glossitis. Syphilis of the Central Nervous System.

In patients suffering from syphilitic infection of the central nervous system, the cerebro-spinal fluid, as well as the blood, may give a positive reaction. proportion of cases reacting positively varies with the condition present. A well-marked positive result is obtained with the cerebro-spinal fluid in practically every case of general paralysis of the insane, in the majority of cases of syphilitic meningitis, and in a rather lower proportion (about 60 per cent.) of tabetic cases. In addition to the presence of a positive Wassermann reaction, the cerebro-spinal fluid in such cases shows an increased albumen-content and an abnormally high cell-count. If a patient positive reaction on testing blood, and there is reason to suspect affection of the central nervous system, the cerebro-spinal should be examined on these lines.



Latent Syphilis.

The reaction affords almost the only certain method of making a definite diagnosis in the case of latent syphilis, and this is especially important in women. A positive reaction, here as elsewhere, must be regarded as incontestable evidence of infection, but we cannot be certain as to the proportion of cases which, though actually syphilitic, give a negative result.

Congenital Syphilis.

A high proportion of positive results has been recorded by the majority of workers, who have examined large series of congenital syphilitic cases, but here again, the exact value to be attached to a negative reaction is difficult to determine. Active lesions in young patients are almost always associated with a positive reaction, but this appears to become less constant as age advances, and in patients beyond the age of puberty it is not uncommon to find a negative reaction in the presence of undoubted congenital syphilitic lesions.

The above remarks refer to well-marked positive or entirely negative results. The exceptional border-line reactions which occasionally occur in untreated cases cannot be regarded as justifying a positive diagnosis unless strongly confirmed by clinical evidence.

THE EFFECT OF TREATMENT ON THE REACTION ...

The result of treatment with *Mercury*, and with *Salvarsan* or its substitutes, is to render an initial positive reaction negative. This may occur within a few weeks, but frequently takes several months.

If the treatment has been sufficiently thorough and prolonged (two years or upwards), the reaction usually remains negative when tested several months or years after treatment has been discontinued. If, on the other hand, the patient discontinues treatment too soon, the reaction, although it may have been temporarily rendered negative, frequently becomes positive again after the lapse of several months.

It follows that no reliance can be placed on a negative result in the case of a patient, who, on a



doubtful diagnosis of syphilis has been subjected to active treatment. If such a case be seen after only a few weeks' treatment, and the practitioner be not satisfied as to the correctness of the original diagnosis, a preliminary test may be made so as to avoid delay in continuing treatment, should the result be positive. If, however, the result be negative, treatment must be discontinued for several weeks at least and the test then repeated. If again negative, it should be repeated a few months later, no treatment having been applied in the interval.

THE REACTION IN THE CONTROL OF TREATMENT.

In using the test to control treatment, there is a general consensus of opinion that the ideal result to be arrived at is a permanently negative reaction. For this purpose the correct method is to administer the full course of treatment thought desirable, allow three months to elapse without treatment, and then test the blood. If the result be negative, the test should be repeated after about six months, and afterwards at longer intervals. If a positive result be obtained in the first or in any subsequent test, treatment should be resumed at once for at least six months, and the test repeated after a treatment-free interval, and so on.

It cannot be said that there is universal agreement as to the meaning of a persistently positive reaction in treated cases; but it is certain—(1) that the great majority of cases which have undergone energetic and persistent treatment yield persistently negative results over many years; (2) that those cases which, several years after treatment has ceased, show obvious lesions clinically, usually give positive results, and (3) that the appearance of a positive reaction in the blood of a patient who has been insufficiently treated, frequently precedes or coincides with the development of symptoms, and persons in whom a positive reaction has been discovered accidentally in the course of routine examinations have often been found develop obvious evidence of active syphilis subsequently.

It seems most probable therefore, that a persistently



positive reaction in the absence of clinical manifestations indicates persistent infection which may later on become active again.

When controlling treatment, one aims at obtaining a completely negative result, and a reaction which might be too weak to justify a diagnosis of syphilis in an untreated case, should be regarded as positive under these circumstances.

In practice it will be found that, in a certain small proportion of cases, the most energetic and prolonged treatment fails to produce a negative reaction, or that a negative reaction when produced, becomes positive again a few months after treatment has ceased, and goes through the same changes after repeated subsequent courses of treatment, a persistently negative result never being obtained. The great majority of such cases will be found to have had insufficient treatment or none at all, during the early stages of the disease, or to be of the congenital type.

THE REACTION AS A CRITERION OF INFECTIVITY.

This aspect of the question, which is of great importance especially from the point of view of marriage, is unfortunately one on which it is most difficult to obtain a definite conclusion. evidence of non-infectivity is an absence of clinical signs and a negative Wassermann reaction, obtained several months after a thorough course of energetic treatment. A negative reaction with clinical manifestations is, of course, valueless, though such a combination seldom occurs. The interpretation of a positive reaction in the absence of clinical signs, and in spite of treatment, is a matter of considerable difficulty. When marriage is being considered, a persistently negative result is particularly desirable. Though lesions developing after prolonged and energetic treatment are probably non-infective in cases, and hence the danger of marital infection may perhaps be regarded as small, yet it must be remembered that, in the case of both sexes, there is an undoubted risk of the individual affected developthe case ing late lesions. and that, in



female patients, the question of future pregnancy needs special consideration.

It would seem wise to insist in every such case on thorough and prolonged treatment two years or more from the date of infection). If the reaction be then found to be positive after a treatment-free interval of from three to six months, a further course of active treatment, lasting for several months at least, should be strongly advised. Even if this fails to produce a persistently negative result, the risk of marital infection has probably been reduced to a minimum, though the assurance of non-infectivity can never be so absolute. If marriage be entered on under these circumstances, it is wise for the individual to undergo further treatment for his or her own sake, and, in the case of female patients, it is especially desirable that they should undergo a course of treatment during any pregnancy that may eventuate, since this will reduce to a minimum any risk of giving birth to infected children.

It may therefore be stated that:—

- (1) A well-marked positive reaction is undoubted evidence of syphilitic infection, with the few unimportant reservations outlined above.
- (2) A single negative result has no value during the first few weeks of the disease. At this stage the sore should be examined for the Spirochæta pallida, and if the result be negative, the blood should be tested after a short interval, during which no treatment has been given.
- (3) A negative result in a patient undergoing treatment has no diagnostic value. If the diagnosis be uncertain, the test must be repeated after a treatment-free interval lasting for several weeks at least.
- (4) A negative result in an untreated case exhibiting suspected secondary lesions almost excludes syphilis, but never does so absolutely.
- (5) In the later stages, with certain exceptions, a rather higher proportion of undoubted syphilitic cases give negative results; so that such a result,



while contra-indicating a diagnosis of this disease, especially if previous anti-syphilitic treatment can be excluded, must be regarded in relation to all other available evidence.

- (6) In using the reaction to control treatment, the ideal aimed at should be a persistently negative reaction following a prolonged and thorough course of treatment, as explained above. This result, combined with the absence of all clinical signs, is the best evidence of non-infectivity.
- (7) A weak positive reaction must always be considered in relation to all the known facts of the case, and has little diagnostic value alone.

It will be seen that, while the broad lines of interpretation of the results obtained by this reaction are not in doubt, there are certain important points on which definite information is still wanted. The only evidence of value in arriving at satisfactory conclusions on these matters is the survey of large numbers of cases. Practitioners can very materially assist in the collection of the necessary data by filling in accurately and completely the forms supplied for sending with the specimens, and by forwarding, where possible, information as to the further progress of the case.

It is impossible, in a short leaflet, to enter fully into all aspects of the question, and all practitioners who desire further information are strongly advised to attend at one of the treatment centres, and so get into personal touch with the clinician and pathologist in charge.

The attention of medical practitioners who wish to take advantage of the laboratory facilities provided by the local authorities is again drawn to the following suggestions:—

- (1) The facilities are intended for cases of venereal diseases in their early and in all communicable stages.
- (2) The examination for spirochætes is most efficient when the patient attends for the purpose at the Treatment Centre.





- (3) It is understood that the pathologists may refuse to perform any tests in the following circumstances:—
- (a) When the material arrives in an unsatisfactory condition;
- (b) When the form of particulars is not completely filled up by the practitioner.

TREATMENT OF IVY POISONING.*

By W. H. DIEFFENBACH, M.D., New York.

Of the various dermatitis venenatæ, the most common, the *Rhus toxicodendron*, or ivy, poisoning, proves an annual source of annoyance to many who spend their vacations in the country and also to the country-folk themselves. A common affection such as this has, in different hands, been treated successfully in many ways and it is surprising to note the many recommendations for its amelioration or cure.

Almost every physician has some pet application which he thinks influences the dermatitis favourably.

Thus the old-fashioned lead wash, or Lead and Opium wash, Grindelia robusta solution, Sanguinaria solution, the tincture of Jewel-weed, Quinine solutions, Permanganate solutions, Hypo-sulphite of soda, Boric acid, Antiphlogistine, Zinc oxide, Calamine, Carbolic solutions, Zinc sulphate solution, Petrolatum, buttermilk, lime water, and lastly the frequently recommended Sal-ammoniac solution.

There are, no doubt, many preparations omitted from this list, but this compilation will convince you of the fact that no specific, *per se*, has been universally accepted for the treatment of this annoying affection.

Accepting the statement that a somewhat volatile substance, "toxicodendric acid," is the cause of the irritation and through penetration of the skin causes the severe dermatitis ascribed to it, it appeals to me strongly that any substance which will neutralise this acid ought to be considered as a palliative measure.

• From The New England Medical Gazette, with all acknowledgments.



This suggests the use of almost any alkaline solution, and the recommendation of Dr. Geo. Leitner of Piermont, N.Y., to use a strong solution of Salammoniac has in my hands proven palliative in a more efficient manner than other preparations used previous to this recommendation. However, this local application does not immunise from subsequent attacks, and the suggestion of many to chew some of the leaves of this ivy or take Rhus tox. in dilution internally does not meet the condition in every case and is at best empirical.

My own experience with rhus poisoning is herewith briefly recited. Until a few years ago, although visiting a country almost every summer where sumach and ivy-rhus abounds, no special skin irritation was ever noted until a few years ago, when several minor attacks of the fingers were quickly palliated with soda solutions. In the early summer of 1914, a primary attack was aborted with local soda applications, to be followed in quick succession by almost weekly recur-The attacks would subside but would recur with violence whenever the country was revisited. A very severe attack involving the face and neck, the fourth during the month, was treated by a colleague. Dr. L. B. Couch of Nyack, N.Y., with Carbolic acid and Alcohol, as the attack simulated erysipelas. heroic treatment caused exfoliation of all the skin treated but produced, like all other methods, only temporary relief.

Seeking some method to immunise myself from these recurrences, Dr. Guy B. Stearns of New York City was consulted and he devoted much time to the selection of a remedy fitting my symptoms. This effort was followed by two subsequent attacks, and while reading one of Dr. Charles H. Duncan's articles on "Autotherapy" and "auto-lacto therapy" the thought accurred to me to apply this method in my case. Accordingly, one of the cows of the farm was fed on a mixture of grass and poison-ivy plant and the milk of this cow was imbibed the next day. This test occurred in August and was followed by apparent immunity for the rest of the summer and fall. About one pint



of milk was taken for two days and no other treatment instituted. This immunising milk treatment was also tried in the case of a girl of twelve years of age who had had a number of ivy attacks, and immunity was established in this instance also, so that it appears as if Dr. Duncan's theory might find successful application.

During the present summer, I have had three slight attacks involving the fingers only, so that immunity as indicated above is not permanent. In these attacks Sal-ammoniac solution (one teaspoonful to the pint of water) was applied by means of compresses for a number of hours or over night and this was followed by the application of hot Antiphlogistine poultices to restore the integrity of the skin. In my judgment, the use of Antiphlogistine in these cases is of much benefit in improving the local circulation after the rhus poison has been neutralised by the Sal-ammoniac and its use will tend to prevent recurrences to a great extent. Another point to consider in order to avoid recurrences is thoroughly to steam, sterilise or rub with some strong alkaline solution all particles of clothing, especially the shoes worn during the attacks, as contact with these articles may be the means of again setting up the dermatitis.

GASTRIC Spasm.—A woman of forty-nine was suddenly seized with an intense pain in the left hypochrondrium and fell to the floor unconscious. Then began a strange convulsion, so irregular in action that it is difficult to describe. The centre of the spasmodic action appeared to be in the stomach. Respiration was rapid, forced and gasping, with efforts to take air into the œsophagus with each gasp so as to assist in equally forced attempts at eructation. The entire body was rigid; tonic contractions of the forearm muscles forced the fingers apart; the stiffened, partially flexed fingers and hands made a peculiarly clawlike appearance. The pupils were contracted the pulse stringent, fingers and nails bluish, the face, lips and eyes cyanosed. When I arrived the convulsion had continued for nearly an hour. It appeared as if the entire bodily action was an involuntary effort to eructate. A powder of Nux vomica cm. was placed dry on the tongue. After two minutes relaxation began and rest retuned. Soon warning symptoms demanded another dose of Nux which ended the trouble.—Dr. R. Hayes, I. H. R.



REVIEW.

DR. CLARKE ON THE WORLD WAR.*

The name of Dr. J. H. Clarke still stirs the hearts of readers of the "HOMEOPATHIC WORLD." In this little booklet there is nothing of Homœopathy or even of medicine. Dr. Clarke is moved to speak on a greater theme, and his "Call of the Sword" gives us his thoughts for the times in which we live, his hopes and some of his fears for the future. In it there speaks all his wonted fire and in his general contention that this great emergency is indeed a sifting of our ideals and a clear choice between right ones and evil, he will, we are sure, find all of our readers on his side. He leads as his climax to that great poem of Blake which is as a trumpet call through the night of doubt and fear to hearten us, and if to some readers he, here and there, seems to fall a little short of the -great height he has chosen thus to set for himself, he may plead that even a great physician need think itno shame to yield the palm to a great poet. Every reader of the "WORLD" will desire to read and judge for himself this Tract for the times, and to the fulfilment of that desire we heartily commend them.

* The Call of the Sword, by Dr. J. H. Clarke. Published by The Financial News, 111, Queen Victoria Street, E.C.4. 1s. net.

Convulsions.—A year-old child had several convulsions an hour and a half apart, becoming weaker after each one. He was a chubby, well-developed baby; comatose (could not be aroused) sunken features; pin-point pupils; head hot; temperature 104-5. No local wrong was discovered in the thorax or abdomen. Qne child of the family had died in exactly the same way at the same age. During the convulsion the face was said to be intensely red, appearing as if the blood would burst through the skin. After a dose of *Opium* 1m. the coma changed to sleep, with no more convulsions.—Dr. R. Hayes, from I. H. R.





CORRESPONDENCE.

"FOOD-PROVING."

[To the Editor of the "Homoeopathic World."]

SIR,—Readers of Dr. Haddon's suggestive article in the September number, who are interested in the vital question of "food-poisons" should read:—"How Foods Poison Us," by C. H. Collins, Is. 3d. post free (published by Eustace Miles Ltd., 40, Chandos Street, W.C.).

R. H. BELLAIRS.

Ferlys House, Cheltenham.

[To the Editor of the "Homopathic World."]

DEAR SIR,—Permit me to call the attention of "HOMŒOPATHIC WORLD" readers to Country Life for August 18th—a few lines on gathering and preparing Cal. off. which will prove interesting to many and perhaps instructive too.

Also—who will deal with the question of Aesculus Hip.? Several papers are describing the Horse Chestnut as good for MEN and animals—boys are recommended to gather and store—good—but surely. someone should warn them of the ill effects of the nut I have written to the Daily Telegraph in April last (?) and to the Daily News this week—both in response to their own statements, but apparently no notice is

Are the possible consequences so unimportant?

I am, Sir,

Yours faithfully.

August 24lh, 1917.

ERNEST L. VINDEN.

NOTIFICATION.

•• Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

DR. C. E. WHEELER.

On and after October 10th, 1917, Dr. C. E. Wheeler will be in consulting practice at 16, Weymouth Street, Portland Place, W.I. Hours, 11 to 1 (except Saturdays); other times by appointment. Telephone 4791 Paddington.



VARIETIES.

UREA AND UREMIA.—The observation that normally the kidneys can excrete very large quantities of urea without evidence of what has been regarded as renal" fatigue" might well stimulate an inquiry as to whether urea itself can manifest toxic properties in the body. Now that it is understood to be far more difficult to raise the concentration of urea locally in the circulating fluid and tissues than was assumed before the days of modern detailed blood and tissue analysis, the possible harmfulness of urea itself in the body has lost some of its former probability. Accordingly, instead of grossly ascribing the apparent intoxication in so-called uræmia to urea, a more critical attitude has arisen. It must be admitted to-day that, in certain patients, toxic symptoms occur when the urea and the total incoagulable nitrogen of the blood are either not increased or are increased to such a small extent that the symptoms observed can hardly be attributed either to the urea or to an increase in the total incoagulable nitrogen of the blood. This appears to be particularly true of those cases of urea in which generalised epileptiform convulsions dominate the symptomatology. In such cases particularly, the search for a specific toxic substance seems indicated, and Foster has reported the isolation of a toxic base from the blood of patients suffering from the convulsive form of uramia. As extremely large doses of uræmia seem, on the evidence of recorded investigations, to be required to produce definite toxic effects in experimental animals, scepticism regarding the real toxicity of urea has further arisen.

For these reasons, as Hewlett and his collaborators remark, the view has become generally accepted that the toxic effects of urea in any concentration encountered in patients are negligible, and that the symptoms of uramia are due to the action of the other and more poisonous substances. They have therefore undertaken the somewhat heroic and certainly disagreeable task of determining once again the possible toxic effects of urea by experiments in which men served as subjects. The investigations of the level of urea nitrogen in the blood in well defined cases of uræmia of characteristic asthenic type show that urea concentration is usually not less than 100 mg. per hundred c.c. of blood, and that marked clinical symptoms almost invariably attend concentrations of 200 mg. As urea diffuses rapidly from the blood into the tissues, the quantities of urea taken by healthy persons by mouth must be very large in order to attain comparable concentrations in the blood, particularly in view of the rapid elimination from the body by way of the kidneys in such normal subjects.

It was found that by giving approximately 100 gm. of urea by the mouth over a short interval of time it is possible to increase the concentration of urea in the blood of normal persons to levels of from 160 to 245 mg. per hundred c.c. The investigators point out that such concentrations are comparable with those encountered in the asthenic type of uræmia, and that if the





symptoms in the latter condition are in any way dependent on the concentration of urea in the blood and tissues, symptoms should occur under the conditions of their experiments. They found, indeed, that at such levels of blood urea definite symptoms occur. These consist of headache, dizziness, apathy, drowsiness, bodily weakness and fatigue. These cerebral and bodily symptoms are most pronounced at the time of maximum concentration of urea in the blood.

It seems, probable therefore, in the words of the authors mentioned, that when as a result of nephritis the blood urea exceeds a concentration of 150 mg. per hundred c.c., the symptoms of bodily and mental asthenia may be explained in part as being due to the high concentration of urea in the body fluids and tissues. This by no means excludes the possibility that other substances may play a rôle in producing the symptoms of this type of uræmia; indeed, the fact that animals die only when extraordinary doses of urea are administered suggests that the fatal outcome of asthenic uræmia in man may be due to other substances than urea.—Medical World.

INSUFFICIENCY OF THE KIDNEYS AND GASTRO-INTESTINAL DERANGEMENT.—C. Mattei (Paris Med., March 17, 1917, No. 11, pp. 213-229) relates that among the 620 soldiers admitted to his service devoted to intestinal disease, there were quite a number in whom the bowel symptoms seemed to be secondary to severe derangement of the kidneys. Aside from twenty-five with complete renal insufficiency and from twenty-five with true dysentery and albuminuria, there were sixty-one of this group. Some of the cases ran an acutely fatal course, but in all the somnolent aspect arrested attention from the first. Recovery did not occur in any case until the urea content of the blood had returned to the normal range. When the urea content kept high, the sickness kept up, with somnolency, headache, vomiting, epistaxis and eruptions. In the few cases that came to necropsy, the digestive tract showed only minimal changes but the kidneys were badly diseased. The bacteriological blood findings were negative but the stools presented various bacilli including the dysentery bacillus and amœba. Four-fifths of the patents had a history of some severe infectious disease more or less recently, scarlet fever, measles, diphtheria, or typhoid fever. He remarks that it is difficult in his service to learn whether the men have or have not had syphilis. He explains the whole trouble as the effect of intense overwork, with sleeplessness and errors in diet, with resulting lessened resistance on the part of the bowels and some intestinal infection setting up diarrhœa. The previously damaged kidneys suffer from the diversion of fluids to the intestines, setting up a vicious circle with kidneys bearing the brunt of the trouble. -Treatment directed to the kidneys gave the greatest benefit.

Medical World.



BLOOMSBURY. Hours of Attendance: -- Medical (In-patients, 9.30; Outpatients, 2.0), Daily; Surgical, Mondays and Tuesdays, 2.0; and Thursdays and Fridays, 9 a.m.; Diseases of Women, Tuesdays, and Wednesdays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Nose Throat and Ear, Wednesdays, 2.0; and Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Monday, Thursday and (Out Patients) Saturday mornings; and Wednesday, Thursday, and Friday afternoons; Diseases of the Nervous System, Fridays, 9 a.m.; Electrical Cases, Tuesdays, and Fridays, 2.0 p.m.; Physical Exercise Department, every day except Saturday at 9 a.m.

CHILDREN'S HOMŒOPATHIC DISPENSARY, SHEPHERD'S BUSH GREEN, W.

For the treatment of Diseases of Children only. Medical Cases daily, and Special Departments for—Eye, Wednesday; Ear Nose and Throat, Wednesday; Shin, Tuesday, Wednesday and Friday. Doors open 1.30 p.m. Closed 2.30 p.m. daily, except Saturdays, Sundays, and Bank Holidays. Sir Geo. Wyatt Truscott, Bart., President. G. W. Budden, Esq., Hon. Treasurer, Tlephone: Hammersmith 1023.

REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or locum tenentes. should communicate with the Secretary of the British Homæopathic Association (Incor.), 43, Russell Square, W.C.1, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

(The Homocopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

Annals of Tropical Medicine and Parasitology. Edited by J. W. W. Stephens and others. Vol. 9. No. 1. June 1917. Royal 8vo, pp. 125. Liverpool School

of Tropical Medicine. Net 7s. 6d.

Ballard (E. Fryer). An Epitome of Mental Disorders. A Practical Guide to Ætiology, Diagnosis and Treatment. Cr. 8vo. (Churchill. Net 6s.)

British Journal of Surgery (The), July, 1917. Vol. V. No. 17. Folio, pp. 180. (Wright & Sons. Net 8s. 6d.) ck (Albert H.) The Growth of Medicine Browth of Medicine B icine. From the earliest times to about 1800, 8vo. (Oxford Univ. Pr. Net 21s.)
Collie (Sir John.) Malingering and Feigned

Sickness, Second edition. 8vo. (Edward Arnold. Net 16s.)

Elliot (Robert Henry.) The Indian Operation of Couching for Cataract. Royal 8vo. (H. Lewis. Net 7s. 6d.)

Freyberger (L.) The Practitioner's
Pocket Pharmacology and Formulary.
18mo. pp. 545. (Heinemann. Net
123, 64)

Garton (Wilfrid.) Electro-Therapeutics, for Military Hospitals. Cr. 8vo., pp. 56. (Lewis & Co. Net 2s. 6d.)

Haldane (John S.) Organism and En-

Haldane (John S.) Organism and Environment as illustrated by the physiology of breathing. Cr. 8vo. (Oxford University Press. Net 5s. 6d.)
Hewlett (R. Tanner). Pathology, General and Special, for Students of Medicine. Fourth edition. 8vo. (Churchill. Net 12s. 6d.)
Howard (Russell): Surgical Nursing and the Principles of Surgery for Nurses. Third edition. Cr. 8vo. (Edward Arnold. 6s.)
Jordan (Ed. O.). Food Poisoning. Cr.

Arnold, 6s.)

Jordan (Ed. O.), Food Poisoning. Cr.
8vo. (Cambridge Univ. Press. Net 4s.)



TO CONTRIBUTORS & CORRESPONDENTS.

All literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. Wheeler, Garryowen, Putney Hill, S.W.15.

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. J. H. Clarke, London, Dr. Burford, London. Dr. Davidson, London.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Med. Advance.—The Chironian.—La Homeopatia.—Ind. Hom. Rev.—Hom-Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.

—L Omiopatia in Italia.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Annals de Med. Hom.— Hahnemannian Mon. — Pacific Coast Journal of H.—Journal B.H.S.—Calcutta Jour. of Med. Homöopatiens Värld.-Journal of the American Institute of Homeopathy. -- Indian Homoeopathic Reporter. — The Homœopathician —Iowa Homœo. Journal.—Homœopathisch Tijdschrift.—The Call of the Sword, Dr. J. H. Clarke.

The Homoopathic World.

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The Shining Example of Bristol. By George Burford, M.B.

NEWS AND NOTES.

ORIGINAL COMMUNICATIONS:

* Coca in War Strain. By R. H. Bellairs, M.A.

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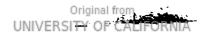
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THE

HOMŒOPATHIC WORLD.

NOVEMBER 1, 1917.

SAUL AMONG THE PROPHETS.

It has been often noted in the history of man that new conceptions which represent real advances towards truth, rouse first the most violent opposition, which subsides into more or less sullen ill will, and that then (often suddenly) the idea previously anathematised slips quietly into universal acceptance as though its validity had never been questioned at all. We have grown accustomed to the expectation, warranted by many significant signs, that this would be the fate of Hahnemann's discoveries—but to find the following in the *Lancet* nevertheless almost took our breath away.

"DIARRHŒA DUE TO EMETINE."

"Emetine, like some other valuable drugs-for example, Arsenic—may, when given in considerable quantities, produce the symptoms which, when taken in more moderate doses, it tends to cure. Nearly two years ago Dale threw out a warning as to the occurrence of chronic *Emetine* poisoning based on experimental work, and now, from their clinical experience in China, Kilgore and Liu show the importance of recognising that *Emetine* may cause diarrhœa, and record some cases in point. The difficulty is that the diarrhæic stools due to Emetine are almost indistinguishable to the eye from those of the amæbic dysentery for which the drug was given.



a patient receives daily injections of *Emetine*, with the result that the dysentery improves and amæbæ disappear from the fæces which become more or less normal; then (Emetine) diarrhoea occurs, with reappearance of mucus and blood, and if, under the assumption of a dysenteric relapse, the *Emetine* is pushed, the condition becomes aggravated and death may follow, as in one case quoted by the authors. Fortunately, if the real cause of the secondary diarrhea is realised and no more *Emetine* given, recovery follows. Experiments by the authors and others show that in animals Emetine may produce hæmorrhagic gastroenteritis with hæmorrhages in the lymphatic glands, spleen, kidneys, and in the thymus of young dogs; these experimental animals die even if the Emetine is discontinued directly symptoms appear. Kilgore, who previously wrote on peripheral neuritis following the *Emetine* treatment of amæbic dysentery, will presently publish his observations on experimental peripheral neuritis induced by *Emetine*."

The italics are ours: could there be a more precise statement of the contention of homoeopathists, if instead of "some other" we might even read "many." Two comments must be made on this paragraph, though without any further additions its value is almost beyond our desires. First and foremost, seeing that the principle of Homoeopathy is thus conceded with regard to "some" drugs, is it not a reasonable request of ours that our orthodox friends should take steps to define this (at present) indefinite number. Homoeopathists say that the rule is virtually universal, so much so that the symptoms which a drug can produce are the best guides to its effective use. Now

here we have admitted the fact that in "some" cases the relation does exist between power to produce symptoms and power to cure similar ones; but clearly if the relation holds good at all generally it must be the most valuable guide in a region where hitherto guidance has been uncertain. That precisely is the Hahnemannian contention; should not the orthodox for the sake of all the world test our statements for themselves? If we are altogether right then we have (as we maintain, and as we have experimental grounds for maintaining) an invaluable aid to good prescribing: if we are only partly right the aid would still be worth having. Now this paragraph concedes that we are partly right, therefore are we not justified in asking that our experiments should either be accepted or refuted by experiments equally prolonged and thorough? There should be no standing still at this stage.

Our second comment is simply to note that *Emetine* is still believed by many to act by killing the parasite directly. If that is actually its mode of cure it is, to say the least, deeply interesting that *Emetine* (like Quinine or Arsenic) should show this power of affecting the tissues so similarly to the organism which it combats. This fact would suggest that the action of these "similar" drugs is really indirect: that it stimulates the body's own power of resistance and that the organisms are worsted as a result of this indirect action rather than directly poisoned by the drug. Thus it would become credible that an agent to which the tissues reacted even as they re-act to the invading organism should cause the development of similar "anti bodies."



NEWS AND NOTES

THE INTRODUCTORY LECTURE TO THE SESSION.

Elsewhere in this issue we have the honour to print Dr. Byres Moir's Introductory lecture to the work of the New Session. Sir George Truscott took the chair, and there was a very good audience, considering the difficulties of the present time. The lecturer was heard with deep interest and attention, and to those unable to be present we commend the perusal of his paper.

GARLIC AND DYSENTERY.

Looking over the Lancet for December 18th, 1915, we remarked an interesting observation of Dr. Marcovici and Dr. Pribram that a daily dose of 2.5 grm. of garlic is sufficient to protect rabbits against ten times the normal lethal dose of dysentery toxin. The protection appears to be specific, and if the observation is correct it affords another instance of the power of drugs other than vaccines or nosodes to influence the output of anti-bodies. It would be interesting to prove garlic further and see if it can develop any dysenteric symptoms. In pathogeneses as yet obtained there are none of any significance.

BELLADONNA AND SCARLET FEVER.

Dr. Conrad Wesselhoeft is well known to us here as an original observer and experimenter. In the New England Medical Gazette recently he has published a deeply interesting article on Belladonna as a curative and prophylactic agent with regard to Scarlet Fever. He has definite figures to give and they certainly show that repeated doses of the 3x potency had no prophylactic power whatever. Dr. Wesselhoeft contends that Belladonna is not nearly as often indicated in Scarlet Fever as is generally supposed, and except when cerebral symptoms are prominent has seen little advantage from its use. The article should certainly stimulate further investi-



gation. We suggest to the doctor that he should supplement his experiments with other series wherein the possible prophylactic powers should be tested of unit doses repeated fortnightly or so of (a) the mother tincture and of (b) the 30th centesimal, for we are not convinced that to use the 3x repeatedly is the best way to develop the powers of the remedy. We should add that Dr. Wesselhoeft's recovery figures for all Scarlet Fever cases compare very favourably with contemporary orthodox ones.

THE CIRCULATION OF BLOOD IN THE VESSELS.—Wybauw (Arch. des Maladies du Cœur, Paris, March, 1917, No. 3, pp. 97-144) recalls that, according to the accepted theory of the circulation, the blood is impelled by the systole of the ventricles and the elasticity of the arteries stores up some of this expulsive force of the heart and restores it. The muscular fibres are not supposed to do much more than to maintain the regular lumen of the vessel. His experience at Spa, noting the effects of the carbonated baths on hundreds of patients, soon convinced him that these prevailing views do not harmonise with the phenomena he was constantly encountering. We know that circulation occurs in some living beings without a differentiated heart, and in the embryo before the heart has been formed. Certain research workers have reported that the blood pressure may be higher in the rear than in the front legs or carotid of animals, especially the differential pressure. Another argument in favour of the conception of an active systole of the arteries is that the blood pressure in the portal vein may be higher than in the vessels that precede it. Wybauw gives an illustrated description of an apparatus which reproduces the conditions of the natural circulation, and confirms the neccesity for assuming the existence of certain unsuspected factors in the circulation and the probability of an active systole in the arteries. He gives tracings obtained with it and from experimental research, commenting that it is very improbable that a 1:40,000 dose of Adrenalin or 1:10,000 of Morphine could instantaneously modify the elasticity of the arteries enough to explain the effects observed, while they are easy to comprehend by assuming the existence of a muscular contraction exaggerated or diminished under the influence of substances increasing or reducing the tonus of the vessel wall. Everything, he says, seems to sustain the assumption of a reflex arterial systole following immediately on the shock of the pulse beat. In this connection he mentions that Richat and Benjamins in the research laboratory of the University of Utrecht, have recently demonstrated the existence of waves of peristalsis in the lachrymal canal.—The Medical World.



ORIGINAL COMMUNICATIONS.

SILICA.

SILICON DIOXIDE—FLINT.

PREPARED BY TRITURATION FROM PURE PRECIPITATED SILICA.

This remedy is virtually unknown to physicians who have not studied Homœopathy, although Paracelsus and Glauber used it, but like other minerals ordinarily considered inert it passes under trituration into a colloidal state and displays marked powers of affecting the human body.

The mineral is widely distributed over the earth and is an element in the supporting structure of many plants. In the normal body tissues only small traces are found but it is a constant component of the dental enamel and of connective issue.

One very interesting observation with regard to it has been made by German observers, notably Schwarz, who experimenting with the Glashäger Spring water, which contains one part in 25,000 of Silica, was able to show in twenty out of twenty-three experimenters a marked leucocytosis ranging from 40 per cent. to 216 per cent. This observation is of great importance, as will be readily admitted when the uses of the drug have been further discussed.

Professor Schulz, of Greifswald, has made provings of Silicā which agree generally with those of homeopathic text books. Among other observations he confirms obstinate constipation as a symptom which the drug can produce. Having observed that such constipation is very common among infants fed on sterilised milk he was led to test samples of this food and found that the Silica content of it, though of course very small, was high compared to that of unsterilised milk, and derived no doubt from the glass sterilising vessels, since modern chemistry has shown that insolubility is only a relative term. Dr. Schulz suggests that this Silica may account for the frequent presence of constipation in infants artificially fed and even perhaps for graver symptoms.



Professor Schulz points out that certain mineral waters recommended for chronic urinary diseases possess a relatively high Silica content. Thus Vichy water contains eight centigrammes to the litre and the Wernarz spring at Brückenau fifty centigrammes to the litre. Careful examinations by Schulz revealed the presence of Silica in all connective tissue and demonstrated also that the Silica content varies inversely with age. He has also found it in pus and in the contents of ovarian cysts. Schulz conducted a series of provings of Silica in the Hahnemannian way. The symptoms which his provers developed were those of increased nervous sensibility with great muscular weariness and sense of fatigue. The hands developed tremor, the knees gave out on exertion. Then developed pains in the limbs following the main nerve trunks—bone pains and marked pains in joints < rest and > gradual movements. Headache was constant and severe; attacks of giddiness common; sleep much disturbed by dreams. The hearing was definitely impaired in more than one prover.

Meteorism and obstinate constipation, alternating with attacks of diarrhœa were symptoms of all the

provers.

The urine was either increased or diminished and Schulz quotes Breitenstein in this connection who found in one case that the quantity of urine increased 37 per cent. under the administration of Equisetum which contains a large quantity of Silica.

Acne eruptions and furunculosis occurred in the provers. Dandruff was marked with falling of the hair. Itching of the skin became troublesome and the nails grew malformed and tended to split.

The sexual organs in both sexes appeared to be stimulated.

The lymph glands swelled, a symptom to be noted in view of the power of *Silica* to cause leucocytosis.

Sour foot-sweat with soreness and tendency to inflammations of the skin of the feet was a symptom definitely produced.

Schulz uses the drug chiefly for furunculosis and enlarged lymphatic glands but he deduces from the



increased Silica content of the connective tissues of the young that the mineral may have a definite bearing upon normal growth and development and is inclined to use it for chronic maladies of childhood and infancy.

The provings of Professor Schulz here as always confirm those of homœopathists but lack the precision and extent of the latter. They are most valuable confirmations of homœopathic beliefs but a century of clinical use since Hahnemann proved and introduced this remedy enables his followers to be more confident in their recommendations of it than the distinguished Professor of Greifswald.

Silica is principally a remedy for chronic diseases: its action is persistent, and when well indicated and given in high potency it needs but infrequent repetition. A convenient mnemonic for the type of patient likely to be benefited by it is "want of grit, moral and physical," flint (Silica) being "grit" par excellence. It is in this the chronic counterpart of Pulsatilla and many important symptoms of the two drugs are identical. For instance under Silica is found lachrymation, loss of taste, great aversion from fat—tendency to purulent secretions, (especially however with Silica to the thin, scanty pus, generally due to streptococcal infection, while the Pulsatilla secretions are freer, of a bland muco-pus and often associated with staphylococcal invasions): relief of joint pains from gradual motion (cf. Schulz): photophobia. Generally speaking when a patient has derived temporary benefit from *Pulsatilla*, Silica is likely to produce more lasting effects. It is interesting to note however that the reaction to temperature characteristic of Silica differs from that of Pulsatilla since Silica patients are very chilly and find relief from warmth (especially from wrapping up, e.g. wrapping up the head for headache), while Pulsatilla patients prefer generally cool air and are averse from heat. Dr. Kent teaches that Silica does not follow Pulsatilla well when chilliness is a marked symptom of the case, and that in such an emergency Kal. Sulph. is preferable, but when Pulsatilla has done good I have seldom found the use of Silica disappointing. Apart from its relation to Pulsatilla, Silica is indicated more for the patients whose troubles are brought on or aggravated by cold than for the warmer blooded; < cold weather < uncovering < approach of winter < before and during storm and > summer > wrapping up warmly are characteristic of Silica.

The relation to connective tissue noted by Schulz is endorsed and extended by homeopathists and equally by Schüssler and his school. It has power over suppurative processes, chronic suppurative skin diseases, acne, and old furunculosis and also helping suppurations and sinuses and fistulæ to heal (cf. Fluoric acid); it also influences scars and the development of keloid and neuralgic pains scars. It is reasonable to associate its power cause leucocytosis with its influence on inflammatory processes. Occasionally (e.g. in chronic pulmonary tuberculosis) its use may have danger from its liability to rouse a chronic dormant inflammation to activity and free suppuration: in this respect its action is sometimes analogous to that of an overdose of a specific vaccine. Its power seems more marked over streptococcal than over staphylococcal infections, but generally speaking when there is chronic suppuration in almost any part of the body Silica will probably have a value if the general symptoms of the patient correspond to the provings. Particularly should it be remembered for inflammations affecting the neighbourhood of the nails, crippling and deforming them.

Silica is valuable to check excessive sweating especially of the feet and hands and head. The sweat which indicates it is often sour and offensive. It is often successful in rickets: and the characteristic symptoms of that disease can be paralleled in the pathogenesis or confirmed as indications by clinical experience. If lymph glands swell, become inflamed, and indurated and suppurate, Silica is to be carefully considered. It is well suited to nervous irritable, patients, to weakly persons with lax muscles, to sickly children who do not thrive and are over-sensitive.



The excessive foot-sweat is a noteworthy symptom. When it is present, patients often adopt violent measures to check it, and as no doubt it is an excretory effort on the part of the body, grave general symptoms are often found to follow its forcible suppression by strong local applications. Whenever there is a history of foot-sweat thus checked, Silica should be thought of. It will often temporarily restore the secretion with relief to the general conditions and then finally cure both the sweat and the disease of which it was a symptom.

Over susceptibility to nerve stimuli should be noted as one indication for Silica together with a state of melancholy with easy weeping and desire for consolation, which (rightly) recall the symptoms of Pulsatilla. When there is nervous fatigue and neurasthenia these symptoms often appear. characteristic indication for Silica is a severe chronic headache beginning at the nape of the neck, coming over the vertex and settling behind one or the other eye (more usually the right). The headache is < from cold air > from wrapping up warmly and > by profuse urination, an indication of its toxic origin. Vertigo is often associated with it. the melancholy there is often obstinacy especially in children: this may degenerate into a "fixed idea."

In the digestive sphere, the symptoms are more intestinal than gastric. Distension of the abdomen is a common symptom and the patient who needs Silica is nearly always constipated. There is inertia of the rectum, the stool being passed with great difficulty, receding when partly expelled. marina (Sea Sand) has sometimes proved very valuable in chronic constipation, and constipation of infants will often yield to Silica or Alumina or Lycopodium (which it is interesting to note contains both Silica and Alumina,) but Schulz's suggestion as to sterilised milk (see above), must be remembered.

The drug will be useful in almost any chronic condition when the general symptoms correspond, and comes to be considered often in chronic inflammatory diseases of the chest, of the joints, of the



kidneys, of the nervous system. Indurations and scars and thickenings should always bring it to the mind of the physician: it may be useful in cataract, and has a place in the palliation of recurrent cancer especially scirrhus. Its tissue relation to connective tissue should be constantly remembered, and its great value for the malnutritions of the young and growing. Like its counterpart *Pulsatilla* it has a special relation to the external and middle ear.

Equisetum contains as much as 16 per cent. of Silica. It is chiefly valuable in the more superficial urinary and bladder diseases, and bearing in mind Schulz's experience, its effects may be largely attributed to its Silica.

Mercury is quite incompatible with Silica and they must never be given near one another in point of time. Hepar Sulph. and Fluoric acid follow it well, as do also Lycopod. and Sepia. In rickets Silica is often useful. after Calcarea and it follows Graphites and Phosphorus well. Its relation to Pulsatilla has been already discussed. The characteristic headache and wrapping up is found also under Mag. Mur. which also has somewhat similar constipation symptoms to those of Silica and foot sweat. Unhealthy skin where every little injury suppurates (i.e. lowered resistance to ordinary germs of suppuration) is found also in the pathogenesis of Hepar, Graphites, Petroleum and Mercury and Ant. Crud. markedly affects nails: Fluoric acid has great power over sinuses and fistulæ.

SCHEMA

Constitutional.— < cold of any kind: lack of vital warmth even when taking exercise: < night, especially latter part and morning: > wrapping up especially during headache: melancholy with general inertia and debility: slow development in children: < during menses: often < lying down: > warmth: general hypersensitiveness.

Often indicated in suppurative processes, especially (but not exclusively) streptococcal and chronic: troubles affecting scars: small injuries suppurate: tendency to sweat especially extremities and head:



symptoms after suppressed sweating: after vaccination (*Thuja*): Fever in *Silica* patients is accompanied generally by frequent rigors or milder shiverings < 11 p.m. 6 a.m. and 3 to 5 p.m. Violent sweating, often sour and debilitating.

LOCAL.—Mind.—Melancholy, tendency to weep: obstinate: tendency to fixed ideas: debility.

Head.—Vertigo associated with pain in nape of neck: pain coming over vertex from nape settling behind eye: < cold air > wrapping up often night or early morning: often throbbing with redness of face: < jar or shock: profuse perspiration sour or offensive: dandruff: loss of hair: fontanelles slow to close in infants.

Eyes.—Often indicated in lachrymal fistula: chronic inflammations especially of cornea; may be indicated in cataract.

Ears.—Otalgia: inflammation and suppuration of middle and outer ear: blocking of Eustachian tubes: mastoiditis: noises in ears with chronic deafness, especially when due to middle ear disease.

Throat.—Tonsillitis: ulceration especially tuber-cular.

DIGESTIVE SYSTEM.—Appetite often increased: often aversion from cooked food aversion from fat: coated tongue (usually brownish): sour risings: pyrosis: heaviness after meals: colic > heat: constipation, stool expelled with great difficulty, generally consists of light coloured lumps lacking bile: burning and pain at arms. Occasionally diarrheea.

URINARY SYSTEM.—Urine either increased or diminished: Involuntary passing at night. (Equisetum often helps this trouble in children),

SEXUAL SYSTEM.—Male—: General stimulation of desire but < coitus: Prostatic fluid increased, may pass at time of stool.

Female.—Menses generally increased: acrid leucorrhœa: abscesses and sinuses in breasts.

RESPIRATORY SYSTEM.—Hoarseness: Spasmodic cough of laryngitis and tracheitis with scanty ex-



pectoration: but often helps too in chronic tubercular or pneumococcal infections especially with purulent not very profuse sputum.

Limbs and Back.—Nape of neck often affected: Drawing tearing pains in limbs and back often along main nerves: coldness: cramps: nails rough, tend to split: inflammations round nails. Profuse foot-sweat: sensitive and tender feet: callosities: numbness or pain in feet.

Skin.—Tendency to ulcerate easily: enlarged glands: chronic ulcers and fistulæ: pus generally thin, offensive Acneiform eruptions, furunculosis.

Sleep.—Great drowsiness after eating: sleepless after 2 a.m. Nightmare: fantastic dreams.

PHOSPHORIC ACID AS A VULNERARY.

FACTS OBSERVED DURING THIRTY YEARS.

By Erskine C. White, Esq.

(Communicated by Dr. J. H. Clarke).

CASE I.—Girl æt eight, fair, delicate, slender. Right side of right leg below knee extremely burnt with pure carbolic acid.

Third week, noticed no pus in morning after Phos. ac. No. 2x over night.

Locally: Extremely weak carbolic oil.

Internally: Phos. ac., ter in die.

Cured in a week. Nothing relieved previously.

CASE 2.—Man, æt forty, dark, stout, powerful, healthy. Enormous iron-bark splinter deeply embedded in right index finger.

First week: Ac., Bell., etc., removed all pain, etc.

Second week: Phos. ac., Silicea, Fluor. ac.

No apparent result, nor after third week of *Phos. ac.* alone. Advised patient to see a doctor.

Man absolutely refused, saying he could notice little rings of new flesh forming round ulcer, as I had predicted.

Fifth week ulcer healed completely only a small "bead" of horny substance coming away; in lieu of



top joint, as had expected. Finger appears more sound than the others.

During treatment, man had, unknown to me, twice consulted a physician (allopath) and surgeon of brilliant talents; only to be told, each time most emphatically, that "Nothing but amputation could mend matters." As no drug seemed to heal, I relied almost solely on Phos. ac. throughout.

Case 3.—Self, severe sore throat, neglected utterly:—Left side: for months after being cured, small scab on concha of left ear, peels off every four weeks.

Locally, *Phos. ac.* Φ undiluted.

Scab disappears in ten to fourteen days.

CASE 4.—Snipped a piece off right ear, result black scab for five years.

Locally: Ut supra. Result, scab gone, in two or three weeks.

Many cases with same results in course of thirty years.

In the sore throat case, only *Hydrastis* would cure (very painful for weeks).

Railway Street, Campbelltown, N.S.W.

SOME ASPECTS OF MEDICAL EDUCATION.* By Dr. Byres Moir.

We are met to-day to inaugurate the Ninth Session of the Lectures and Clinical Instruction given at this Hospital. Each year of the War the difficulties under which the work is carried out steadily increase but there is great satisfaction in doing work which is so essential to the well-being of others. I have been much struck in talking to officers back from the Front, who openly confess that they, like all the rest of us, are weary of the war: much of the weariness they feel is because they are engaged on destruction and see the dire results around them. They long for the time when they can return, and leaving the destructive part, take up work which is useful for the human race.

• The Introductory Lecture of the Medical Session.



In this country we have been spared the scenes of desolation, and know that our soldiers and sailors are nobly risking everything in order that liberty and freedom may be the right of everyone, and are fighting that evil may be destroyed as a preliminary to future progressive work.

On an occasion like this one is allowed to be retrospective, and when one can look back to more than forty years of medical work, it is a pleasure, that instead of referring to the good old days—which is supposed to be natural when a certain age is reached—I can look back upon a time of such extraordinary progress, that there must be pride in belonging to the medical profession, and one is of necessity an optimist about the future. In the medical student the change for the better is great—I can remember when the first two or three lady students, under the leadership of Dr. Jex Blake, were mobbed in the streets of Edinburgh on their way to the class rooms. Women then as now rose to the occasion, for a report was current that a party of navvies, hired as a bodyguard, made a most effective counter attack.

Sometime ago in France a member of the French Red Cross told me that there was much anxious thought, when it was found that the Scottish Women's Hospital was entirely staffed by women. A deputation of French surgeons was sent to report on their work. My friend told me they saw one operation and left perfectly satisfied. The work being done at Endell Street and elsewhere speaks for itself, and certainly women doctors have made good.

Some of us have had the privilege of seeing the revolution brought about in surgery by Lord Lister's introduction of his antiseptic treatment of wounds. To appreciate it one must have had an experience of surgical wards before his time. We are now once more seeing the terrible suffering and loss of life that result from septic wounds which before the war had been nearly abolished.

As a single instance of the improvement in surgery— I well remember the first few cases of ovariotomy that I saw, when a recovery of one out of three operations



was the best result that could be obtained, while now we see hundreds of cases without a single death. Surgery has progressed and invaded more and more and with successful results what was formerly considered to be the physician's department, till one begins to think that there will soon be no other duty for a physician than to call in the surgeon. While all allow the brilliant progress surgery has made, many say how little medicine has done during this time—but in my opinion its progress has been greater, especially in the direction of causation and prevention.

Forty years ago we had confused ideas of Phthisis and its associations with other tubercular conditions. At that time it was looked upon as an hereditary trouble which was sure sooner or later to prove fatal. Nothing was known of the bacillus as a cause. now know that it is one of the most curable conditions if recognised in time. It is easily acquired: a feeble circulation and nutrition and faulty hygienic surroundings give a suitable field for its development; there is a preliminary stage of slight fever, loss of weight, before there is evidence of trouble in the lung. Common sense has now come to the treatment. found that the blood cells were the best and only defence against the invading host, that fresh air, good food with exercise bringing about an improved circulation and getting the blood cells fit for their work, were the best means of cure.

Much has yet to be done in the way of prevention, and besides improved sanitary conditions for human beings, the care of cattle has to be taken in hand, and the stamping out of tubercle among them is an essential part of the progress, so that we can look forward to its complete elimination: this is not too much to hope for with the knowledge which we now possess.

Our knowledge and treatment of cancer is now much in the position it was in forty years ago about tubercle, but we feel certain that we may at any time have fresh light upon its causation, and so see the same progress made that has been made in the struggle against tubercle.

This is worth working and fighting for. What a



different world it would be without Tubercle and without Cancer?

In every direction we see the same progress being made; instruments of precision are being multiplied, and practice is made much easier by the definite information derived from them.

One of our most honoured workers in this hospital, the late Dr. Dudgeon, brought out the Sphygmograph for the registration of the pulse; this was improved upon by Sir James Mackenzie in his Polygraph. By this instrument he has separated and taught us much about the different irregularities of the heart's actions; and besides these we have the Electro-cardiograph, Sphygmomanometer and other instruments, all leading to precision in diagnosis and so help in treatment. In X-ray work besides the actual inspection of heart, lungs and other organs, the development of bismuth feeding, so that the whole of the intestinal tract can be watched while food is passing through it is a tremendous gain.

The increase of knowledge has led to Specialism from the impossibility of any one being able to master or even to follow the different branches of work, and while there is a danger from the concentration on special points of overlooking the obvious, great benefit has resulted from it.

The correct grasp of underlying principles has so simplified matters that work has been much lightened, and we see a change beginning which will make a great difference, since it is leading to the union of the physician and surgeon in the same person. The gynæcologists have solved this point, and there is sure to be a great extension of it. This is of the greatest value when time is of such importance, that an hour or so may make all the difference between life and death; and in acute abdominal work the benefit of one person having charge of the case from the beginning, and being ready to operate at the right moment can easily be understood.

We are hearing much now of a new specialism— Orthopædics, and a further development called Military Orthopædics.



Orthopædics originally meant the correction of deformity in children, and was afterwards extended to adults.

Military Orthopædics is the treatment necessary for men suffering from disability of the limbs due to injuries received in the war.

The amount of work which this means may be conceived when the War Office says:—"The orthopædic problem concerns over one third of our wounded men. It is a grave problem now, it will be graver when peace is declared."

The purpose of an Orthopædic centre is restoration of function, and for this there are

- (I) Immobilisation of fractures, removal of obstacles to free movements of joints and tendons and efforts to restore interrupted continuity of nerves.
- (2) Massage, electricity and baths are used for the restoration of muscular action and for the relief of pain and stiffness of joints.
- (3) The training of the man to use his limbs. Physical exercises and gymnastics, and the final training of curative workshops where the man may resume or learn a trade.

Orthopædics has not a pleasant sound to the ear, and I find that the general public usually associate it with something to do with the feet, so I much prefer the term *Physio-therapeutics* which is now used in France. It is the treatment of physical stimuli: light, heat, electricity, exercises, baths, X-rays, radium, etc., and we have here a large and mostly unexplored field before us—and one that must lead to new developments in therapeutics.

I wrote a short time ago to one of our colleagues at Bath, Dr. Percy Wilde, who has had more experience than most men in this class of work, to ask his views with regard to the action of drugs and these physical stimuli, and I give you his answer:—

"As all drugs with few exceptions act as physical stimuli, I have never been able to understand the effort to separate them from agents of the same class. As



in the case of drugs, the best guide is a knowledge of the symptoms they are capable of producing when used in large doses on the healthy human body."

He gives me as well many illustrations of their action which I am sorry that there is not time to go into to-night. Certainly in the use of light, heat, electricity, X-rays, and radium, little is known yet of the principles underlying their action. We see X-rays curing conditions similar to those it produces in healthy subjects, and we are getting provings, as seen in two sad cases we have had in the hospital, of the results of over-dosing.

In the field of medical gymnastics much good work has been already done. Ling started a school for its study in Sweden which has borne good fruit. There is a State Central Institute in Stockholm for the teaching of it, and certificates are granted after full training. It extends through the national life, beginning in the school, and goes on to the military training, and besides this there is the medical side.

The results are most marked in the physique of the Swedes and led to their success in the Olympic games. In consequence of its being a profession, a class of trained gymnasts has arisen for instruction and treatment, but so far in this country we have nothing on the same lines for men, though here again the women have given us a lead, and have already a large number of well-qualified instructors.

I think it is better to speak of it as Ling's treatment after its founder, for to speak of the Swedish system is like a red rag to many Britishers. Its value needs no confirmation from me, but how much the nation owes to it already I think few realise. We are justly proud of the way our Navy has kept the seas, and if you ask any naval officer, he will tell you how much the health and spirits of the men depend upon their free exercises, which were introduced by Mr. Allan Broman.

Medical work can be divided into three sections:—

- I.—Health and its attainment.
- 2.—Curative treatment.
- 3.—Palliation.



(I) Ideal Health.—The enjoyment of life that comes from perfect mental and physical health is a thing known to few, and among these we cannot include many medical men. I am afraid we do not set a good example of obeying physiological laws, when we have found them out, which is the only way to attain health. We have been so absorbed in disease that we have almost forgotten the great mission we have, to teach health. In the past we have allowed too much the separation of mental and physical work, but it is time now that we took into consideration the need there is for a lead to the public, for I often think that if they knew as much as we do of what can be done towards the prevention of disease there would be a national rising, insisting on immediate reforms.

There are many difficulties ahead, and the only point where my optimism fails me is when I think of our large towns and the obstacles which they offer to a healthy life; but it is something to have an ideal and strugglé for it. Nothing could be more encouraging than to see that these are the aims being now expressed by the efforts to obtain a Ministry of Health, which we hope will be crowned by success.

The Royal Commission appointed to enquire into the housing of the industrial population of Scotland, both rural, and urban, has just issued its report.

Our national survey, they say "has revealed the set determination of the Scottish people to secure for every class of the community wholesome conditions of living." Their watchword is no longer limited to a healthy mind in a healthy body, rather it now is a healthy family in a healthy home. The Scotch are a stubborn race, and generally carry out what they set their minds to do, but may we not hope that they will go beyond the family and secure the healthy nation.

In a leading article in the last number of the British Medical Journal, a short but interesting summary is given of the annual report for 1916 of the Chief Medical Officer of the Board of Education. It is evident, it says, "that the war more than anything else has brought home to the public the conception of the child as a primary national asset."

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Sir George Newman lays down the principle that no investment and no national economy can compare in results with care for the rising generation.

The records of the findings of the School Medical Service in 1916 show all too much ill health, disability, and defect of mind and body. Uncleanliness, malnutrition, and mental backwardness debars tens of thousands of children from reaping proper advantage from the educational system provided by the country.

Disease takes even heavier toll of the six million children in attendance at School. We learn that probably half the whole number need dental treatment, and not less than half a million need it urgently, while a further half million are so defective in eyesight as to be unable to take reasonable advantage of their lessons. Another quarter of a million are seriously handicapped by diseases of the ear, throat, and lymphatic glands. A year ago it was estimated in round figures that a million children of school age were so defective or diseased in body or mind, as not to be able to profit reasonably by education, and there are no grounds for supposing that things are appreciably better at the present day.

It is hard to be optimistic before such figures, but much can be and is being done.

Sir George Newman makes a statement of the steps he considers necessary to secure the full value of the School Medical Service to every child of school age in each area. They are so concise that I am sure you will forgive me if I repeat them.

- (1) That every child shall periodically come under direct medical and dental supervision, and if found defective shall be followed up.
- (2) That every child found mal-nourished, shall, somehow or other, be nourished, and every child found verminous shall, somehow or other, be cleaned.
- (3) That for every sick, diseased or defective child medical aid shall be made available.
- (4) That every child shall be educated in a well-ventilated school room or class room, or in some form of open air school room or class room.



(5) That every child shall have daily organised physical exercise of appropriate character.

(6) That no child of school age shall be employed

for profit except under approved conditions.

This is a Magna Charta for children, and could only be carried out by a Ministry of Health.

I would therefore put as the first aim of medical education the knowledge of perfect health and the means of maintaining it.

The second aim should be directed to the Restoration of Health or Cure. A good many years ago I read a paper before the British Homœopathic Society, on "the Early Indications of Disease," and the importance of the early symptoms being recognised before structural changes have taken place.

Bearing on this subject Sir James Mackenzie has been lately maintaining the importance of the work done by general practitioners, who in their family practice have the opportunity of watching cases from beginning to end, in a way which is not even possible in hospitals, where the beginnings of so many diseases are not seen. Work on these lines is full of interest, and gives opportunities of cure which often are not made use of. Cases beginning at first with interferences of functions are allowed to drift on structural changes. In this work the use of Homœopathic drugs must take a high place, for it is here that Hahnemann, who was a century before his time, gave such a clear lead. We have often had it thrown at us that we were nothing but symptom treaters, instead of being ashamed of it, we ought to be proud of it, as it is only in this early stage that often a cure is possible. Hahnemann was the first to see that it was the individual that had to be treated, and not the disease, and that the symptoms were Nature's effort to overcome some difficulty, and were to be encouraged rather than checked. That drugs which produced like symptoms were more likely to be of use, than those which stopped them, and that as drugs acted as a stimulus all over stimulation was to be avoided, and that living cells are so delicate, that the smallest dose that acted was the best.

I do not wish in any way to give an impression that this part of our work is a limited field, for it is far otherwise, and the more we carry out Hahnemann's teaching the more we find difficulties vanish and cure resulting.

We see in the past to what perfection physical culture had attained in ancient Greece, and the thought must arise as to the reasons of its fall; but may we not get hope in the present time from seeing that it was only possible for the few at the top in a state where the greater part of the population was in slavery, and that in the new democracy which is coming, the chance may be given to all.

There is not time now to dwell upon the third division of our work—where cure is not possible—but much is to be done by palliation. From the war, we have had fresh work before us which seems over-whelming—which calls for the help of everyone—viz., the restoration of our disabled soldiers and sailors.

I have now shortly to bring to your notice the work of the Education Course for the Session. The Honyman-Gillespie Lectureship—"On Materia Medica," is held by Dr. Charles E. Wheeler; "On Therapeutics with Clinical Demonstrations," by Dr. Giles Goldsbrough, The Lectureships have been established by the trustees of the late Mrs. Elizabeth Honyman-Gillespie of Edinburgh, in co-operation with the Board of Management of the London Homœopathic Hospital or the British Homœopathic Association in accordance with the terms of a Trust "for the purpose of founding or contributing to found a new School of Medicine which shall embrace as well as ordinary Medical Studies the teaching of Homœopathy and other new and useful medical studies."

Mr. Urquhart, the representative of the Trust, has expressed his view that his co-trustees are willing that some of the fund should be devoted to research and demonstration in connection with the Lectures.

In reading the reference in the trust to new and useful medical studies, it struck me at once that the field opened by the more recent physical stimuli—Light, Electricity, X-ray, Radium, etc., and the need for their



study and application, must have been foreseen by the founder.

Another course of lectures, by Dr. John Weir, the Compton-Burnett Professor—deals with Homocopathic prescribing and philosophy. This professorship we owe to the energy of Dr. John H. Clarke in commemoration of the life and work of the late Dr. James Compton Burnett, who was a pioneer in the adoption of preparations of disease germs (Nosodes) in the treatment of disease.

Dr. Burnett was the first to use *Tuberculine* in the treatment of consumption and published some forty cases before Koch began his work. After Koch's disastrous failure from using too large doses, Dr. Burnett wrote that the treatment had come to stay, when the principle of the small dose was understood and in this he has proved right.

The educational work also includes the clinical work of this hospital, with its 170 beds and large outpatient department, and several provincial hospitals.

I am afraid you will say with justice that I have only given you a few disconnected notes, with very little bearing on the title of the address announced—"Present Aspects of Medical Education," but I hope that I have conveyed to you some idea of the importance of the work that we can see ahead of us.

The title of Physician or student of nature has become in our language synonymous with one who investigates the origin of diseases and the means of cure. Also physic—the study of nature has come to mean the drugs given to cure disorders, and it would be difficult to name two more complete departures from Etymology. The object of Medical Education should be to put in its right place the Study of Nature.

I must now wish success to both teachers and instructed in the work of the New Session.





SOCIETY'S MEETING.

BRITISH HOMEOPATHIC SOCIETY.

The first meeting of the new session had to be postponed from October 4th, but was duly held on the 18th, with the President, Dr. C. E. Wheeler in the chair. Dr. Dia was proposed for membership. Dr. Burford gave an account of the work of the International Homeopathic Council for the year which was full of interest and the meeting elected the Provisional Committee to whom the work of the I.H.C. is delegated during the war, namely, Dr. Hawkes, Dr. Cash Reed, Dr. Wynne Thomas, Dr. C. E. Wheeler, Mr. J. Johnstone, Mr. Dudley Wright, Dr. Granville Hey and Dr. Burford.

Captain Stephenson, Dr. Mailer and Captain Thompson, were admitted as visitors. The President moved that a vote of congratulation be sent to Dr. Sutherland of Boston on his recovery; this was unani-

mously agreed to.

The President then delivered his Inaugural address on "The Strangeness of Homœopathy." At its close, a unanimous vote of thanks to him was passed at the proposal of Dr. Galley Blackley, and the meeting was thus concluded.

AN INTERESTING EVENT.

Following the first meeting of the B.H.S. Dr. Burford and Mr. Dudley Wright in the name of the British Homœopathic Congress, suspended during the war, entertained a large number of their colleagues at the Holborn Restaurant. After a few to asts to the King and Army and Navy, and our own colleagues in khaki, Dr. Dudley Wright from the chair welcomed his guests and called on Dr. Byres Moir to begin the main theme for the evening. Dr. Moir spoke of the starting of the Manor House Hospital at Golder's Green for physiotherapeutics, for wounded soldiers. He explained that its origin was from the Committee for whom Mr. Wright



did such splendid work at Yvetôt and then described the great need for its special work, quoting Colonel Sir R. Jones who has said that two-thirds of all the wounded require orthopædic treatment. Dr. Moir described his visits with Mr. Broman to the chief English centres of this work, namely, Colonel Deane's hospitals at Croydon, and the main hospital of Sir R. Jones at Shepherd's Bush, with its splendid "curative workshops" and also his visits to hospitals in Paris and Rouen. Dr. Moir said that in his opinion, British work was likely to take the lead in this field. concluded by reading a letter from Dr. P. Wilde arguing cogently that for all physical stimuli (as for drugs) the best guide to proper use was a knowledge of their effects on the healthy, for moderate doses will cure conditions similar to those which massive doses can produce.

Mr. Broman gave an interesting account of the origin of the Ling system of medical (and other) gymnastics in Sweden and the advance of its methods in this country and the need for more teaching of it, since it is already used in the Navy and Army and to be extended to all the schools.

Dr. Grace spoke of the curative uses of electricity, and gave a most interesting account of the methods in use at Manor House Hospital and the types of cases for which they are suitable.

Dr. Hall Smith spoke of his recent experiences at the front, and Dr. Burford summed up the evening's work. So ended a very delightful experience for which the most grateful thanks are due to Mr. Dudley Wright and Dr. Burford.





BRITISH HOMŒOPATHIC ASSOCIATION. (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.I.

RECEIPTS FROM 16TH SEPTEMBER TO 15TH OCTOBER, 1917.

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The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Tuesday, 16th October, at 4.30 p.m.



COMPTON BURNETT FUND.

The Lecture given under the auspices of the Association to inaugurate the Educational Courses of the Winter Session was delivered at the London Homeopathic Hospital on October 10th, by Dr. Byres Moir, under the title of "Present Aspects of Medical Education." Sir George Wyatt Truscott, Bart., the President of the Association, was in the chair.

SYMPATHETIC OPHTHALMIA IN WOUNDED SOLDIERS.—Weekers (Arch. Med. Belges, Paris, March, 1917, No. 3, pp. 193-288) remarks that one of the unexpected happenings in the war is the extreme rarity of sympathetic ophthalmia, notwithstanding the great frequency of war wounds of the eyes. In his personal experience he has encountered only one instance of it among 800 cases of the war injury of one eye. He recalls that during the Franco-Prussian war of 1870 fully 55 per cent. of the wounds fo one eye were followed by sympathetic ophthalmia, and even during peace times it averages 11.6 per cent. according to Hobby's statistics, and 21 per cent. after unsuccessful cataract operations, according to Steffen. He has found only a very few cases mentioned in accessible literature during the war, while many comment on the rarity of the sympathetic involvement of the other eye. These facts justify conservative treatment of the wounded eye, unless one's hand is forced by irritation and pain. It is much better, he thinks, to retain the eyeball, even with vision entirely lost, than to be forced to depend on a complete prosthesis. He is inclined to ascribe the rarity of sympathetic ophthalmia nowadays to the asepsis and antisepsis which are now so generalised, adding that the day when operators will take as many precautions before opening an eye as for a laparotomy, post-operative sympathetic ophthalmia will very nearly disappear completely. All the wounded in the war are placed at once in hospitals where the discipline of asepsis reigns, and there is no need to remove a wounded eye for the sole reason of warding off sympathetic ophthalmia. There is no hurry, one can at least wait a few days. If the eyeball has to be sacrificed, he advises exonteration as giving a better stump while it offers fully as many guarantees against sympathetic ophthalmia as enucleation.—The Medical World:



EXTRACTS.

HONEY.*

By W. H. DIEFFENBACH, M.D., New York City.

Besides its unquestioned food value, honey is a somewhat forgotten remedy for many diseases. Pythagoras claimed that honey prolonged his life for many years and the ancient Greeks attributed many virtues to it. Inasmuch as the busy bee takes its sustenance from so many flowers and plants many of which have medicinal value, it does not require much research to determine that its product, honey, must contain many of the ingredients which its producer extracted for its food.

Genuine honey is a food like none other. Its kind of sugar is directly assimilated—unlike cane and other sugars; it furnishes calories and stimulates metabolism. Honey has more food value than meat or eggs. In consideration of its caloric value it is cheaper relatively than most foods, being twice as productive of results as butter. One ounce of honey has seventy-five calories more than an egg.

Honey has soothing and healing qualities on the skin and mucous membranes. In ancient times it was used as a dressing for wounds and in the alleviation of whooping-cough.

Honey dissolved in water is excellent as a gargle for pharyngeal and laryngeal catarrh. It is also excellent as a dressing in chilblains and softens an irritated and rough skin. Two tablespoonfuls taken at night has been found beneficial in some cases of insomnia and, incidentally, acts as a laxative in the morning.

An old fashioned remedy for worms is to mix the juice of garlic with honey and administer this concoction twice daily in one ounce doses.

In Germany the peasants add a quantity of honey to their beer as a laxative. Dr. Custis, of Washington, D.C., recommends honey as a prophylactic against



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diphtheria. Honey, if heated and placed upon bandage, has been recommended as a local application in coughs, aphonia and especially in whooping-cough. In the latter condition the honey is given internally also.

In excessive acidity of the stomach, hyperchlorhydria, a diet consisting almost entirely of honey has been recommended.

In small wounds and inflammatory areas honey can be applied as an occlusive bandage. It closes up the edges of the wounds, and, owing to the formic acid it contains, it is an antiseptic. This formic acid also makes honey an excellent vehicle for salves and local applications.

Professor Reclam strongly urges that honey be used more largely instead of ordinary sugar, as the formic acid prevents fermentation and its accompanying symptoms of flatulence and toxemia.

An analysis by Professor Bunge, of Basel, Switzerland, shows that, while sugar contains no lime or iron, honey has 6.70 per cent. of lime and 1.20 per cent. of iron and, as our food is so frequently deficient in these two elements owing to demineralisation—e.g., white patent flours, the desirability of substituting honey for sugar is urgent and obvious.

In addition to its valuable mineral ingredients, honey contains sugars as follows:

42 per cent. grape sugar. 35 per cent. fruit sugar. 2 per cent. cane sugar.

The two former sugars are in a readily assimilable form, while cane sugar must first undergo alimentary change before it can be absorbed. If cane sugar is not properly digested there is fermentation, acidosis and symptoms of indigestion and subsequent catarrh.

Honey, having as stated, a combined 77 per cent. of grape and fruit sugar should be preferred to manufactured sugar whenever possible owing to the above facts. In addition, the great value of its salts, especially lime and iron, and the presence of its always ready antiseptic-formic acid must be borne in mind in considering its great value as a health food.



Dr. DeForest says, "Sugar ferments readily: in the presence of moisture, heat and bacteria, fermentation of sugar causes the formation of alcohol in the body, so that people who eat quantities of candy or sugar which they do not properly absorb or digest are really walking distilleries, having disturbed digestion and liver trouble very much like the inveterate whiskey drinker. These candy eaters also have skin eruptions such as acne (pimples), which can be referred to improperly digested sugars in many instances. It has been said that fifty per cent. of mankind suffers from disturbances of digestion; and cane sugar has much to do with the causation of these complaints."

Honey, therefore, should be substituted for cane sugar whenever possible, and its food value re-established especially in the United States, where it is a

neglected food.

It is important to determine the quality of honey, as it varies greatly. Honey secured from bees feeding in swamps and pine woods is harmful. Artificial honey is valueless and often harmful also. Honey secured from buds and flowers contains the ideal product and is truly the nectar of foods. Clover, buckwheat, linden and wild-flower honey, all have partisans, but are all pure and wholesome.

Artificial sugars such as saccharine, saccharose and sugarin, being made of coal-tar, are harmful; and coloured candies are also a great source of indigestion

and intoxication.

SUBCUTANEOUS INJECTION OF DISTILLED WATER FOR MULTIPLE ULCERS.

By G. Arbour Stephens, M.D., B.S., B.Sc.Lond.

THE patient was a woman aged 63, who had been suffering for over six months from ulcers of the thighs and breasts. On the front of the left thigh were six ulcers, $1\frac{1}{2}$ inches in diameter, separated from



one another by narrow bands of skin and with edges undermined. They were discharging considerably and looked almost gangrenous. On the back of the right thigh was a healed ulcer, 2½ inches in diameter, whilst on its anterior surface was one of similar size, but showing no signs of healing. On the right breast was an unhealed ulcer and on the left a nearly healed one of similar size.

Mercury and iodides had been tried internally and lotio nigra, red wash, and fomentations externally had been tried with no success, so I suggested that a subcutaneous injection of distilled water be given, and if necessary repeated two or three times. At the same time the patient was given 3-grain doses of Calcium iodide three times daily for four weeks. After the first injection, which was given on August 19th in the loose tissue below the shoulder-blade, her general condition was greatly improved, whilst the ulcers looked healthy and healing. The second injection was given on August 26th and the third on Sept. 13th, by which time nearly all the ulcers except that on the thigh had closed and the smaller ones were covered with healthy skin. At the same time the patient's general appearance was greatly improved.

No blood test was employed so it is difficult to state definitely that the ulcers were syphilitic, but the

appearances were very suggestive.

Some months ago I wrote on the value of injections of distilled water in syphilis and have had a large number of good results since then. The theory advanced was that the surface tension of the corpuscles was so affected as to allow of the more ready mobilisation of the necessary anti-bodies, and, I would add, improve their diapedic powers. Much depends on the rate at which diapedesis occurs, and in a disease such as the one herein reported an increased rate of diapedesis seems to have been induced, with very successful results.

The local treatment employed was petrol for washing the wounds, and when completely evaporated boric acid powder was dusted on the wounds. Two years ago I advocated the employment of petrol, and since



then its value in the local treatment of wounds has been thoroughly tested and proved.

Water is of no value for cleaning wounds in which colloidal matter has accumulated, whilst petrol, which dissolves fats and alters the surface tension, produces a clean wound very quickly, and provided it is allowed to evaporate freely there is no pain.—Lancet.

Swansea.

THE TOBACCO HEART.*

DR. HARLOW BROOKS (New York Medical Journal, April 24th, 1915), in an article on the above subject concludes that tobacco produces symptoms referable to the heart, of a very definite and characteristic type; first manifested by an increased rate with rise of blood pressure, later with a slowing and fall in pressure. These symptoms are apparently due to vagus effects and quickly disappear when the drug action passes. These symptoms all diminish in degree with habituation to the drug.

Prolonged excessive administration of tobacco induces arrhythmia and intermission. These symptoms are more or less persistently accompanied by a sense of weight or of pain of a dull persistent character in the heart region. Pain may be entirely independent of alterations of rhythm, though most likely to occur with a slowing of the usual rate. So far as can be surmised from experimental evidence and clinical observation, these symptoms are not due to vagus disturbance but to claudication of the coronary vessels. They are more likely to appear in chronic smokers than in beginners, and in long standing rather than in recent tobacco habituation.

Tobacco angina pectoris is in all symptomatic respects similar to the true angina pectoris of coronary disease. It occurs with considerable frequency in chronic tobacco poisoning; is unusual if not unknown in acute poisoning, and long habituation to the drug predisposes to this symptom. It is relieved by the usual vasodilators and by *Morphine*. Is commonly

* Reprinted with due acknowledgments.



succeeded or preceded by a sense of pain in the precordium. The angina of tobacco poisoning is entirely relieved and commonly does not recur if the use of tobacco is given up. One attack appears to conduce to others. This sensitisation seems to disappear very slowly, and so far as can be determined, is due to a coronary claudication, entirely or almost free from vagus effect.

There is no clinical nor experimental evidence that disease of the heart muscle is caused by tobacco, save for possible changes in the papillary muscles, probably explainable on a mechanical basis. The fact that all symptoms disappear when tobacco is discontinued, seems to confirm this statement.

There is neither clinical nor anatomical evidence sufficient to indicate that true coronary sclerosis may be caused by tobacco, though it is highly probable that when this conditions exists, the symptoms are accentuated by it.

Tobacco angina is promptly relieved by discontinuance of tobacco; no such results are to be obtained in true angina pectoris.

It is probably unwise to permit the use of tobacco in circulatory diseases when symptoms of cardiac embarrassment occur.

The persistent use of tobacco immunises against vagus effects and sensitises to coronary claudication.

Death may result from tobacco angina, but it is probably very rare and most likely to occur only when anatomically diseased coronary vessels pre-exist.

The essential treatment of tobacco poisoning is suspension of the use of the weed.—Amer. Medicine.

A STUDY IN BLOOD COUNTS IN RELATION TO VACCINE THERAPY.*

By Joseph Head, M.D., D.Sc., Philadelphia.

During the last year, as in previous years, vaccines have continued to prove of great value in the treatment of mouth infection. Advanced cases that ordinarily

* Reprinted from Medical Press.



would drag along with local treatment alone or which would made a gradual progress only to lose ground when treatment was suspended, under a well-chosen vaccine would yield to treatment in three or four morkers, and the progress would continue with unchanging impetus for a period of a year or two.

It must, however, not be forgotten that vaccine without effective surgical treatment can be of little service, for if the depots of infection are left in the mouth, the curative effect of any vaccine must soon be overcome and the patient will certainly relapse into

the original septic condition.

But this paper was written to show the value of blood count in the use of vaccines. I have here some blood charts that may prove of interest. They represent some cases where vaccine was given and some cases that were presumably normal. Without going into these cases specifically, I might say that blood counts have taught me to be more moderate in my dosage, and I have found that my patients have responded at least as well, if not better, than when the doses were pushed to the point of getting marked reactions. In one case a man of forty without any external symptoms developed a leucocytosis of 71,500 in one week, shooting up from 13,000. His vaccine contained per cubic centimetre: Staphylococci, 300 million; mixed streptococci and pneumococci (4), 50; Gram-negative bacillus, 50; Gram-negative cocci (3), 50: Gram-positive bacillus (2), 50.

It was started at 1-10 c.c. and advanced each week 1-10 of a c.c. There were no symptoms except rapid healing of the gums on the sixth dose, when he had 8-10 of a c.c. His leucocytosis, as before stated,

went from 13,000 to 71,500.

In another case a patient showed during the treatment a variation in hæmoglobin from 65 to 48 per cent., while the leucocytes varied from 16,000 to 8,000. A vaccine was given her containing per cubic centimetre: Gram-negative bacilli (2), Gram-negative cocci (2), streptococci (2), 50 million of each. She was given 1-10 c.c. for three times a week apart the only reaction being a slight fatigue, and later ,on



there was not even this physical symptom. After the third dose her blood count showed microcytes and a few poikylocytes, and the dose was reduced to between 1-30 and 1-50 c.c., making for the streptococci one to three million and the other germs in proportiona. I only mention this case to show that without the blood count injury might unquestionably have been caused this patient by excessive dosage. In other cases the erythrocytes and hæmoglobin dropped and the leucocytes rose rapidly on the first dose. Here again we had a warning to reduce the quantity of vaccine and not to increase it until the blood seems to stand the strain put upon it.

The Arneth counts, according to my record, have shown a persistent tendency for the division of two nuclear segments to exceed in percentage that of the division of three nuclear segments. The two segments varying from 45 to 60 per cent., while the division of three segments, instead of being 33 to 48 per cent. according to Simons, was ordinarily between 15 and 30 per cent. Lymphocytosis does not seem to be as much of a factor as I thought last year. The lymphocytes ordinarily do not go up to 40 per cent.—usually being nearer 20 and 30 per cent.

In counting the number of erythrocytes and leucocytes a single Thomas Zeiss pipette was used. The blood was drawn to the mark 0.5 in the pipette and the pipette was immediately filled with Toisson solution to the mark 100. A Turck counting chamber was used and it was filled twice for every case; 288 of the large squares were always counted for the leucocytes and 200 of the small squares for the erythrocytes. For the estimation of hæmoglobin the Dare hæmoglobinometer was used in every case, as was also the Tallquist hæmoglobin scale. The latter, however, was not found to be sufficiently accurate. The Dare hæmoglobinometer is far more reliable.

In order to estimate the percentage of the different varieties of leucocytes, smears were made on glass slides, dried in the air, and fixed and stained by means of Jenner's stain. In every case between 400 and 500 leucocytes were counted.



The original Arneth classification of the polynuclear neutrophiles was found to be too complicated and cumbersome to be of practical use, but to gain some idea of the possible changes that may have occurred to the nuclei of the polynuclear neutrophiles during the course of treatment with autogenous vaccine a count was made of the number of cells containing I, 2, 3, 4, and more nuclei.

When I decided to report these blood counts, in the form of a paper, I hoped to be able to give more positive statements than my later knowledge will permit.

In the last portion of my work I ran four so-called normal blood counts and three blood counts where typhoid vaccine was given to presumably normal people. One of the so-called normal counts, a woman of forty, turned out apparently not to be normal at all. Her daily leucocytes ran 19,000, 16,000, 14,000, 13,000 and suddenly, after she had eaten a presumably normal plate of ice cream, that may have contained ptomaines she ran a leucocyte count of 64,500 with a chill. Then it turned out that her menstrual period had been delayed eight weeks. This was discouraging from the "normal" point of view, and I stopped the blood counts, but I hope later on to make some more studies of this case.

With the other three normals the leucocytes had an interesting way of varying backward and forward between 17,000 and 5,000. In fact, they did not seem normal at all.

The typhoid vaccine patients had sore throats or had colds from which they were either getting well or which they were just acquiring, so that as regards normal blood counts I am in the same quandary as the countryman, who, when he saw a camel, called out: "There ain't no such animal."

However, in spite of such discouragements I still believe the systematic study of the blood to be of distinct value in vaccine treatment.

In closing this report on the blood counts I wish to express my thanks to Dr. St. John for the perseverance and scientific accuracy which made these charts possible.



CORRESPONDENCE.

ON "PROVING" FOODS.

[To the Editor of "The Homoeopathic World."]

Sir,—I am always interested in reading Dr. Haddon's letters on "proving" foods. There is a great deal of truth in what he writes, as we all know, but his last letter is hardly convincing. Homosopaths know that fat doesn't agree with everyone and in every season. The Esquimaux eats blubber till further orders—he has In India fat is taboo. Some people are fond of fat and never seem worse for it; others cannot smell it without being sick. "It depends on the liver." Fat evidently doesn't agree with Dr. Haddon-it agrees with me. To compel a boy to eat fat when it makes him sick is pure ignorance. I know many boys who eat fat without hurt. A girl called at my surgery one evening in a choking condition. She had visited a "potato-chip shop"—the fish had been. brushed with lime to make it look white, but I could not blame the fat for that—perhaps Dr. Haddon had a similar experience. Fat may cause sudden death indirectly—so may many things. I knew a woman who died suddenly after eating heartily of a milk pudding. Tea upsets Dr. Haddon. It flatulence. Many have the same symptom after any fluid—with frequent micturition. They have to live on a dry diet. What does Dr. Haddon take when he gets home at night after a hard day's work, with mind and body fagged? Let me recommend to him a nice cup of hot tea, lightly brewed. "It cheers but inebriates not."

> Yours truly, W. A. DAVIDSON.

DENHOLM, HAWICK, SCOTLAND.

October 5th, 1917.

SIR,—I find that some who have got my book expected to find "provings" of different foods; but



when it was published I had no idea that every food caused some special symptom. It was when "proving" green peas that I got lumbago, which made me look out for symptoms, as well as note the effect of different foods on the several eliminating organs, and I find the study most interesting and suggestive, but it requires some will-power to vary one's diet as I am doing, and if any cooking is needed one must be one's own cook to be certain of the ingredients at any meal. If I am right in saying that food is the chief cause of disease which, I think, I prove in my book, and if each food, just like every drug, produces a special symptom, I hope your readers will see that, instead of wasting time and talent in "proving" drugs, they should in the future, confine their attention to our. several foods. If several individuals, of different ages would agree to "prove" one article of diet, we would, I believe, learn the reason why one man's meat is another man's poison. Not being in practice I have little chance of observing the effect of food on others, but I have, as a neighbour, a woman with a young family, whom I saw limping about one day. her what was the matter with her, and she said she had got lumbago. On enquiry, I found she had had green peas, for the first time, for her dinner the day before the pain began. Having learned that, I wrote to three doctors in Hawick, asking them to enquire, in any cases of lumbago they met with, what change had been made in the diet, but more especially as to green peas. One of them told me I had been too long in asking, for he had had plenty of cases of lumbago. Every pain in the back, however, is not lumbago, and I find other foods cause quite a different kind of pain in the back. The woman who had lumbago after eating green peas, had got well, and one Sunday went into the country to visit friends. After dinner they went out to have a walk and sat down by the riverside for a while. That night, after she returned home, she began to shiver and feel very ill. She had a pain in the back, between her shoulders, for which she was poulticed. I did not see her until she was going about again, when she told me she had been in bed a



week, and had no food all the time. She thought she had got a chill from sitting at the water-side, but on enquiry I found that, at her friend's house, on the Sunday, she had, as dinner, salt meat, bread and tea. She is not accustomed to eat salt meat, and being hungry she ate heartily of it. Judging from the time she took ill after eating the salt meat, I have little doubt that it was it that made her shiver, caused the pain between the shoulders and made her fast for a week—loathing food of any kind. Her husband is a very intelligent man, who, when he heard that I blamed the salt meat for making his wife ill, and that I thought our food caused many different symptoms, told me, that, after his breakfast he had a bright dazzling of the eyes so that he could hardly read. On enquiring what he had eaten, I found he had had mushrooms for the first time, and eaten heartily of them. I have no experience of the physiological action of mushrooms, but the fat in which they were fried might account for the dazzling which he described, for I find, that, if I eat anything acid, even plain rice with sugar in the morning, I have the same symptom. Fried fat causes acidity, acidity causes flatulence, and flatulence, reflexly, may cause any symptom, even sudden death from apoplexy, or heart failure, and if your readers will enquire about the last meal of those who die *suddenly*, they will find in it the final cause. -

I could give several instances, but I hope I have said enough to direct attention to food as an unsuspected cause of disease and sudden death, and hoping that any of your readers who have troublesome symptoms of any kind, will find out the cause, so far as food is concerned, and favour us with their experience.

I am, etc.

JOHN HADDON, M.D.

VARIETIES.

CANCER OF THE PERITONEUM.—Two cases reported by Quarella (Gaz. degli Osped. delle Cliniche, Milan, March 1st, 1917, No. 17. pp. 257-272) were typical examples of diffuse malignant peritoneal epitheliomas. One patient was a man of 49 and the symptoms were those of abdominal cancer in general, with death a month after the first symptoms had attracted attention. The second patient was a young man, healthy until 1903, when digestive disturbances and enlargement of the abdomen with other symptoms suggested tuberculous peritonitis. He was tapped several times, and under medical treatment left the hospital much improved. He returned two years later with ascites and a plural effusion, and again was transiently improved by paracentesis. On recurrence of trouble, laparotomy was done and the peritoneum found studded with nodules which seemed to form a primary miliary carcinoma. A course of X-ray treatment was given and, contrary to expectations, great improvement followed and persisted for six years, with earning capacity restored. Then there was further trouble and again benefit followed a laparotomy, the man returning to work for another year. A third laparotomy the following year showed the neoplastic nodules somewhat increased in size. After a period of improvement, severe abdominal pains and profuse ascites followed. young man died in 1916, thirteen years after the first symptoms. He had several laparotomies done, and his earning capacity had been maintained nearly to the last. Queralla says that he is unable to explain the long survival of over twelve years after the malignant disease had been diagnosed beyond question. The necropsy findings in both cases are described and are compared with those from similar cases in the literature.—Medical World.

Pericarditis with Effusion.—Chavigny (Paris Med., March 17, 1917, No. 11, pp. 213-228) insists that the paradoxic pulse is not peculiar to mediastinal-pericarditis, as many believe. It is encountered also with certain aneurysms, stenosis of the larynx and croup, but as a rule it is the sign of pericarditis with large effusion. He adds that pericarditis with effusion is of two forms, "those that are diagnosed but which do not exist in reality, and those which are genuine but are overlooked in the ' But the paradoxic pulse can almost be counted on; he found it pronounced in his four cases of pericarditis with retrocardiac effusion. Surgical measures are indicated at once. He cured two of his four patients with an emergency pericardotomy, and thinks that it might have proved effectual in the fourth case if it had been accepted. In this latter case there were none of the classic signs of the affection, the disease was latent throughout, but the paradoxic pulse gave the clue. The man was pale, with pain in the lower side of the left thorax and there was evidence of a pleural effusion, but all this was not enough to explain the extreme dyspnœa.—Medical World.



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MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

(The Homoeopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

Luciani (Prof. Luigi). Human Physiology Translated by Frances A. Weiby. In 5 vols. Vol. 4—The Sense Or ans. Edited by Gordan M. Holmes. 8vo, pp. 533. (Macmillan. Net ers.)

Melville (Norbert J.) Standard Method of Te-ting Juvenile Mentality, by the Binet-Simon Scale. Cr. 8vo. (Lippincott. Net 8s. 6d.)

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Rivers (W. C.) Three Clinical Studies in Tuberculous Predisposition. 8vo. pp. 272. (G. Allen & Unwin. Net 12. 6d.)

Whitelegge (Sir Arthur) and Newman (Sir Ge rge). Hygiene and Public Health. 13th edition, revised and enlarged 18mo, pp. 808. (Cassell. Net 10s. 6d.)



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CORRESPONDENTS.

Dr. Haddon, Hawick — Dr. Macfarlan, Philadelphia — Dr. J. H. Clarke, London—Dr. Goldsbrough, London.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Med. Advance.—The Chironian.—La Homeopatia.—Ind. Hom. Rev.—Hom. Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.

-N.A. J. of H.—New Eng. Med. Gaz.—Annals de Med. Hom.— Hahnemannian Mon. — Pacific Journal of H.—Journal Coast B.H.S.—Calcutta Jour. of Med. Fran Homoopatiens Värld.— Journal of the American Institute of Homoeopathy. -- Indian Homocopathic Reporter. — The Homœopathician —Iowa Homœo. Journal.—Homœopathisch Tijdschrift.

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Observations on 120 Cases of Lead Absorption from drinking water. By. W. W. Stainthorpe, M.D., B.S.

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THE

HOMŒOPATHIC WORLD.

DECEMBER 1, 1917.

DECEMBER 1917.

Heavy with storm clouds is the winter night

And long delayed the dawn: yet faint and far
While courage leaps again to meet its light

Between the shadows gleams one silver star.

Long, long ago, as ancient stories tell,

Three Kings there were made such a star their guide

To seek the Prince of Peace, and seeking well

To seek the Prince of Peace, and seeking well

Found that their longed-for goal was not denied.
O'er weary roads and dark we strain for peace,
Yet we too have a star to travel by,
Nor from our striving would we lightly cease,
Nor fall away from purpose brave and high,
Till, evil in our own hearts being slain,
We see a true day dawn for sons of men.



NEWS AND NOTES

An Apology.

We owe a sincere apology to the British Medical Journal for attributing to the Lancet the article on "Emetine," upon which we commented in the leading article of last month. It appeared in the B.M.J., a place equally significant from the point of view of the homeopathist, but we deeply regret that we mis-stated its origin.

THE LATE MR. EVELYN PIERREPONT.

It is with deep sorrow that we record the death of Mr. Evelyn Pierrepont. Our colleague was a pioneer in England of modern dentistry, and his extraordinary personal skill was the source of much satisfaction to all who trusted to it. He had a gift for his art and science that amounted to genius, and never ceased to work at the improvement of one detail after another of dental procedure. He was a convinced and ardent believer in Homœopathy, a tireless preacher of its merits who made many converts, and an admirable and lucid exponent of its principles. He was the kindest of men and his genial, shrewd personality will be sadly missed. Our sympathies go out to his wife and family in fullest measure.

A Note on Causticum. By Erskine C. White, Esq.

Communicated by Dr. J. H. CLARKE.

This drug I have dubbed the "Hat-pin Remedy!" After searching the Materia Medica (Dr. Clarke's) all night, I at length noticed "Neuralgia in soles of feet." My agony at the time was precisely as if caused by some person, at the foot of the bed, giving me rapid lunges like lightning, in the left sole (centre) with a long hat-pin! No imaginable treatment arrested, or eased the intense agony all night long, it grew worse and worse. Three doses of Causticum removed it at once. Also in three other subsequent attacks.



THE SOCIAL SERVICE LEAGUE.

Under this name a Homœopathic Charitable Dispensary is working at Bombay, India. Its head is Dr. B. V. Rayaker, and it appears to be doing good work among the poor and incidentally spreading a knowledge of Homœopathy. It is a new venture and asks for support. Details can be obtained from 91B, Parel Chawl Road, Bombay.

THE DR. MUNSTER FUND.

We have the greatest pleasure in recording the fact that the Fund raised in memory of the late Dr. Munster, after his tragic death, has been augmented by no less a sum than £121 through the generosity of the non-homœopathic doctors of Croydon. It is a tribute to Dr. Munster's worth as spontaneously as generously given by his fellow professionals in Croydon, and is one more instance of the growth of fraternal feelings which will soon, we may hope, leave the old rancour that pursued Homœopathy an all but forgotten tale.

AN INTERESTING INVESTIGATION.

At the instance of the Drug Committee of the London Homocopathic Hospital a table has been compiled for one month (July 1917) of certain drugs, as regards the potencies given and frequency of use. are several points of interest to note. The trend of prescription seems to be towards high (though not excessively high) potencies: from the 12th upwards there are 1,026 prescriptions as against 638 below the 12th, but only 30 are above the 200th. As to choice of remedies it must be remembered that the month chosen was a summer month, and we need a comparison with a winter month, or better still a twelve months record. Sulphur and Tuberc. Bov. head the list and Nux vom. and Pulsatilla come high. heartily commend the investigation and ask for its extension.



Dr. Percy Wilde reports that, guided by the power of Ant. Tart. to produce a skin eruption similar to Herpes zoster, he was led to try an ointment (one grain to the ounce) of this drug to relieve the pain of that disease, with such success that it has become almost the routine application with him for this purpose.

BLOOD DESTRUCTION IN PLETHORA AND SIMPLE ANÆMIA. Robertson and Rous (Journ. of Exper. Med., Baltimore, May, 1917, No. 5) state that the increased destruction of red cells in animals rendered plethoric by transfusion takes place predominantly by a fragmentation of the corpuscles without loss of hæmoglobin. The microcytes and poikilocytes observed in animals with severe anæmia due to hæmorrhage are not put forth as such by the bone marrow, but are portions of cells fragmented while circulating. The cells thus fragmented are for the most part those new formed to meet the exigencies of the situation. Such cells are in large part unable to withstand the wear and tear of function. There results a vicious circle. The anæmia renders the bone marrow unable to put forth proper cells, and those it does produce are soon destroyed, thus prolonging the condition. A similar state of affairs probably exists in many human anæmias. The occurrence of large accumulations of microcytes and poikilocytes in the spleen of anæmic and plethoric animals indicates that the organ exercises some important function in connection with these forms. The same is true of human animals, for the findings in them are similar, though less striking. The normal fate of red corpuscles in those species in which phagocytosis is negligible, is to be fragmented one by one while still circulating, to a fine hæmoglobin containing dust. The cell fragments are rapidly removed from the blood, but their ultimate fate remains to be determined. The facts indicate that they are removed from the blood by the spleen, and under exceptional conditions, by the bone marrow.—The Medical World.

ORIGINAL COMMUNICATIONS.

VERATRUM ALBUM.

The White Hellebore. Tincture made from the rootstocks (plants of Alps and Pyrenees) early in June, before flowering.

Hellebore was a drug largely used in the ancient world, and the Greek physicians appear to have used both the white (Veratrum album) and the black (the Christmas Rose, Helleborus niger), but principally the white, the subject of this chapter. The two plants are classified in different natural orders and have different pathogeneses.

Hahnemann wrote a once-famous essay on the "Helleborism of the Ancients," and in it discussed the old use of the drug as an "evacuant." It used to be taken in large doses as a regular "cure" in spring and (less frequently) in autumn. Mental and nervous diseases were held to be specially suitable for its action, but many other disorders were treated by it. The dosage was large and the risks of the treatment considerable.

Lewin (Die Nebenwirkungen der Arzneimittel) speaks of the local use of Veratrin (alkaloid of V. album), as producing on occasion local redness and swelling, with pricking, burning sensation neuralgia, not only locally but in parts of the body far removed from the actual application. may appear, erythematous, petechial, rarely vesicular or pustular. Taken internally, salivation may occur with subsequent dryness of the mouth; loss of appetite, burning pain, and vomiting are constant. Children are specially susceptible. Abdominal pain and diarrhœa (choleraic) are common symptoms. A slowing of the pulse rate is very characteristic and may lead on to collapse. Fainting is a prominent symptom. The heart muscle appears to be affected harmfully. The patient is pale with dilated pupils: cold sweats and cramps are frequent.



These are the cruder symptoms of the drug. The provings fully confirm them and lead to more precise indications. Particularly are the following symptoms to be noted, for when prominent in any case they call strongly for the use of this remedy.

A.—Copiousness of Discharges.

This applies to the vomit, the diarrhæa, the sweat, the urine. If there is salivation it, too, will be profuse. So rapidly does the body lose water in these ways that symptoms of collapse appear, faintness, rapid exhaustion and prostration; the skin becomes blue and cold, the face "hippocratic," and, as always when much fluid is lost, violent cramps are experienced. Needless to add, these symptoms make Ver. alb. one of the great remedies for cholera and choleraic diarrhæas; especially the cold sweat, the copious evacuations (vomiting as well as diarrhæa) and collapse call for it.

B.—COLDNESS.

Coldness of the whole body: rigors and frequent shiverings; cold sweat on the forehead or elsewhere; skin cold and blue. In spite of the coldness external heat does not relieve, but if anything aggravates the symptoms. This group of phenomena recalls Camphor, but the copious discharges of Ver. alb. serve to distinguish its pathogenesis from that of Camphor.

C.—FREQUENT FAINTING.

This is not only to be noted as a result of the collapse following the evacuations, but is characteristic of the drug when these violent symptoms are less marked. It is due probably (as Lewin suggests) to a direct effect on the heart muscle. Characteristically the pulse is slow and weak, and the blood pressure low, and Veratrum alb. has a definite place as a heart remedy for the cardiac effects of severe or prolonged illness. Cases where Cratægus is valuable will often benefit by some doses of Ver. alb. The patients show the characteristic coldness but are < heat.

D.—VIOLENT MENTAL SYMPTOMS.

These have a special interest in view of the ancient uses of Ver. alb. and indeed Hippocrates noted that "Hellebore can cause madness and sometimes can cure it." The symptoms are characteristically violent. Violent delirium, violent mania, destructive, lascivious, and frequently accompanied by filthy habits (eating fæces and so forth). Religious excitement may be present, and sexual symptoms are more common still. Nearly always the diagnosis of the remedy will be clinched by some of the symptoms from the foregoing groups. Thus Stramonium presents violent mental symptoms as does Belladonna, but neither of these shows the characteristic pale, cold, sweating skin of The face, on the contrary is red and congested. The violent attacks characteristic of Ver. alb., often alternate with sullen silences, but the silences do not mark cessations of the violent emotions, for if disturbed the patient may break out most furiously.

When these characteristic symptom groups are remembered, the indications for *Ver. alb*. are not likely to be overlooked. But there are a variety of subsidiary symptoms, not likely to be found without some at least of the more important mentioned above, but leading to valuable uses of the drug. Thus there is a form of constipation that *Ver. alb*. will relieve where the stool is hard and large, perhaps in rounded black lumps, with frequent urging and colic somewhat as with *Nux. vom.*, but distinguished by cold sweat and < from heat and faintness and prostration.

Further, Ver. alb. is a marked cause of pain and will relieve all kinds of neuralgias (trigeminal, sciatic, etc.) and headaches and dysmenorrhæa, when prostration and perhaps vomiting and cold sweat are present. Heat < always; the pain compels the patient to move about but no relief follows. This sometimes is noted with pains referred to joints and fasciæ (so-called rheumatic) and < from damp is an additional indication. When dysmenorrhæa is violent and gives rise to emotional disturbances of a violent nature, the drug is particularly useful. Ver. veride frequently relieves dysmenorrhæal pains.



In the respiratory sphere there is a marked, irritable tickling, referred to the region behind the sternum and causing violent cough.

On the whole the drug is suited best to cases occurring at the extremes of life, childhood and old age. Thin, choleric subjects respond to it well, and emotional persons generally.

SCHEMA:

GENERAL SYMPTOMS:

< heat, < motion (except sometimes rheumatic pains), < damp, < menses, < after stool or sweat, > rest, > cold.

Mental; Delirium; mania; fits of silence, alternating with loquacity; violent religious or sexual excitement; filthy habits; extravagant and haughty ideas.

Head and Body; Cold sweats especially in forehead; profuse sweating; vertigo; frequent fainting; headaches (often occipital) generally with copious diuresis or vomiting or diarrhœa; neuralgias; joint pains < damp; face pale, sunken and blue.

Alimentary Canal; Salivation, or some dryness of tongue and throat; bitter taste; thirst and hunger; eating < vomiting and diarrhœa; copious vomiting and diarrhœa, watery (rice water stools) with violent cramps; tongue dry, cracked, coated; severe gastralgia after food (an hour or two); severe abdominal pains; flatulent colic; constipation with inertia of rectum and large stools; fainting at stool and cold sweat.

Sexual organs; Dysmenorrhæa; menses premature and profuse; increased sexual desire.

Respiratory Organs; Cramps in the chest; tickling behind the sternum; violent cough with vomiting; expectoration copious.

Heart; Pulse slow, failing; blood pressure low; violent palpitation; angina pectoris; exhaustion with impending heart failure after violent diarrhœa or vomiting or even cough, e.g. whooping cough; sudden prostration.

Sleep; Generally profound often with terrifying dreams.



OBSTACLES IN THE WAY OF RECOVERY.*

By John P. Sutherland, M.D., Boston.

At first glance it is somewhat mortifying to professional pride to realise the limitations of pharmacotherapeutics. In some quarters it is considered unpardonably heretical to suggest the existence of such limitations, but the practitioner who analyses his experiences with scrupulous regard for the truth is forced to admit that the field of pharmaco-therapeutics is markedly limited, and that it is becoming more and more so with every advance in the great art of healing. A little more than a generation ago the practice of medicine consisted chiefly—almost wholly in the administration of drugs or "medicines"; but with the discovery and utilisation of X-rays and radium, the development of electrotherapy and psychotherapy, and the phenomenal evolution of surgery, the growths of the "specialties," the increase of our knowledge of dietetics, of hygiene and of preventive medicine, the use of drugs has become more and more restricted. Even with all the resources of modern medical art at our disposal, however, it is the humiliating experience of most, if not all, physicians, that sick people do not always recover; they do not always get well, even though they do not die. In such cases, what are the obstacles in the way of recovery?

In reviewing statistics furnished by Boards of Health the questions may come to us: Why are there more than 52,000 deaths annually from cancer in the registration area of the United States? Why were there 22,000 cases of poliomyelitis last year (1916) in New York, New Jersey, Connecticut and Massachusetts, with so large a percentage of mortality and so insignificant a percentage of complete recoveries? Why were there in the state of Massachusetts, during the year 1915, 6,447 deaths from pneumonia and 5,047 deaths from tuberculosis? Why are there annually in our Southern States 75,000 cases of pellagra with such a heavy mortality? Why are

*From The New England Medical Gazette with hearty acknowledgments to author and editor,



there in the state of Massachusetts alone upwards of 18,000 mentally deranged individuals, the great majority of whom will never be restored to a condition of mental soundness? The thoughtless may be satisfied with the answer that the conditions here enumerated are incurable, but such an answer is simply begging the question. What are the obstacles in the way of recovery in such cases?

To think of something less depressing because accompanied by practically no mortality, let me ask why do we have such unnumbered hosts of sufferers from the neuroses and psychoses and the indefinite chronics who simply drift from month to month, or even from year to year, without manifesting more than temporary reaction, and without dying? These cases above all others need help because they tend neither to spontaneous recovery like the majority of the so-called "acute" diseases, nor to dissolution. These cases if not inherently incurable are practically so. What are the obstacles in the way of their recovery? Evidently there is something wrong somewhere, and it is the duty of the profession to solve the riddle.

One of the wisest and sanest of medical teachers, with whose teachings his followers should be more thoroughly familiar, is Samuel Hahnemann, one of the greatest reformers medicine has ever known. Few are the medical problems he has failed to attack with the certainty, the insight and the comprehension of a master's mind. His genius led him to the roots of things and to the recognition of principles upon which medical art may be solidly founded.

With every repeated study of the Organon I am more profoundly impressed with the colossal common sense, the wide and thorough scholarship, the analytical powers, and the extremely logical mind possessed by Hahnemann. His ability to observe, and to reason from his observations, seems to me equal to that of Hippocrates or Sydenham. His clearness of vision and his definiteness of thought, his originality and initiative have not been equalled by the medical writers since his time. The third paragraph of the

Organon is one I often think of as wonderful in its comprehensiveness and its great simplicity. paragraph Hahnemann makes the convincing claim that the physician should know, distinctly definitely know what is curable in disease in general and in each individual case in particular: he should know what is curative in drugs in general and in each drug in particular: he should know how to adapt what is curative in medicines (preparation, dose, repetition) to what he has recognised as undoubtedly morbid in his patients; and finally he should know, in each case, the obstacles in the way of recovery and how to remove them, in order to act as a true master of the art of healing. There is nothing stunted or half-way, or indefinite or apologetic or quackish in this paragraph; the very soul of honesty and earnestness and wisdom breathes through it. The paragraph as a whole, but the latter part of it particularly, is the subject I would urge you to consider at this time.

It is easy to show from the Organon itself that Hahnemann did not expect all cases even of the selflimited and spontaneously curable diseases to get As is said in section seventy-three in reference to the acute epidemic or infectious diseases, "if left to themselves, they will, within a limited period, terminate in recovery or death, as the case may be." Even when the most carefully individualised and selected treatment is resorted to, many cases of pneumonia, a so-called "curable disease," die. Many cases of typhoid fever also die, even when the utmost in the way of diet, hygiene, vaccines, medicine and nursing has been made use of. So it goes, as we all. know, with some cases of diphtheria, scarlet fever, meningitis, and many other well-known conditions. As an excuse for the fatal ending we may say the kidneys were not able to eliminate the extra wastes formed by the disease; or the heart was not strong enough to carry the additional load imposed upon it; or the nervous system was overwhelmed by the toxæmia; but these are better excuses than explanations. As a matter of fact, the real obstacle in the way of recovery is often a wholly unrecognisable thing.

In another class of cases, long lasting or "chronic" in nature, originating in an insidious way, possibly not revealing their nature until some distinct anatomical change has been brought about, the course may be a steadly downward one until dissolution occurs. For illustrations, reference may be made to cancer, to pulmonary tuberculosis, to lymphatic leukæmia. to pernicious anæmia, to Addison's disease, to de-Heroic efforts may be etc. mentia, made by patients and friends, physicians and nurses to stem the fatal tide, to strengthen the powers of resistance, to recognise and remove the obstacles in the way of recovery, but without avail. There is evidently much to be learned yet in connection with just this class of cases.

To follow Hahnemann's injunction to know "what is curable in diseases in general and in each individual case in particular" may not be difficult in a broad and general way, but to differentiate between the curable and incurable in that third class of diseases that comes between the acute cases, which in the great majority of instances tend spontaneously to recovery, and the more chronic conditions which tend as certainly and inevitably to dissolution, requires a skill in diagnosis and prognosis, and a minute and detailed knowledge of pathology which not all of us possess. Hahnemann has thrown out many hints, however, that may prove of service to us. For instance, knowledge of causes may help us to differentiate between the curable and incurable and to recognise and remove obstacles in the way of recovery. In section seventy-seven of the Organon reference is made to chronic diseases which are produced by constant exposure to avoidable noxious influences, such as indulgence in habitual excesses in eating, drinking, and various kinds of health-destroying debauchery; deprivation of the necessities of life; residence in unhealthy dwellings,cellars or other confined places without fresh air, sunshine and exercise; or over taxation of body and mind: the effect of continued mortification and trouble. Provided there is no chronic miasm pervading the organism, unhealthy conditions thus produced vanish

of their own accord under an improved mode of living. Treating the class of diseases here referred to by the heteropathic, antipathic, or homœopathic method frequently proves unsuccessful, the obstacle in the way of recovery being a failure to recognise the cause and remove it. No medical writer has been more emphatic concerning the importance of causes than has Hahnemann. Sections 5, 77, 224, 225, 238, 244, and the many sections devoted to the consideration of the three great chronic miasms (Sycosis, Syphilis, Psora) give evidence of the value he attached to causes.

In our own day in some of the largest hospitals, such as the Massachusetts General. "social service departments" have been established for the purpose (among others) of gaining the confidence of patients, and making careful inquiry into the character of the patient's mind and temperament, his occupation, his habits and mode of living, his social and domestic relations. Nurses and skilled assistants acquire information about a patient, which is of material aid to the physician in treating the case, and sometimes enables him to succeed where he has previously failed. It is recognised to-day that non-material causes may play havoc with the material body. People have been killed by sudden fright or intense fear. Sudden violent emotion has so affected a nursing mother's milk as to kill her babe. According to Crile, in his "Mechanistic Theory of War and Peace," prolonged fear and exposure to mortal danger has seriously ' modified the structure of brain cells in soldiers during this present war. Anxiety, worry, apprehension are known to disturb appetite, digestion, renal and cardiac functions, sleep, etc., and joy, courage, happiness and hope, immaterial influences though they be, may have an opposite effect. It is this idea that underlies the Freudian methods and modern psycho-analysis. These things support Hahnemann's "Vital Force Theory," which assumes that it is not essentially the liver or kidney or muscle that is sick, but the indwelling Force or Energy or Dynamis. At all events, failure to take cognisance of the possibilities of these



immaterial influences may prove an obstacle in the way of recovery.

In Section 21 of the Organon emphasis is laid on the fact that drugs are essentially sick-making substances; that first and last, once and always drugs are pathogenic, and it is this sick-making power, this power to disturb health, that must be intelligently used to heal the body of its diseases. It is a mis-conception to believe that drugs have two actions; to make well people sick and sick people well. The drug possesses only a pathogenic action which may be used, as Hahnemann should have the credit of pointing out, by an antipathic, a heteropathic, or a homoeopathic method or principle. To no other physician of antiquity or of modern times is so much credit due as to Hahnemann for developing our knowledge of drug pathogenesy, and it is to our discredit that we are as unfamiliar as we are with this science. We are too apt to prescibe on "key-notes" on characteristic symptoms," or on "modalities," and to neglect the totality of the drug symptoms. We do not always realise that thyroid gland does not cure a myxœdema. Its use must be continuous. Interruption in its use allows the condition to return. Digitalis may apparently tone up a decompensated heart, but it is rarely a cure of the condition, which returns on the slightest excuse. Aspirin may benumb pain, but the disease is not cured by the drug. Catharsis may be produced by many drugs, but this does not mean recovery from a settled constipation. Probably all acknowledge that insufficient knowledge of drug pathogenesy, and misconceptions concerning the pharmaco-therapeutic principles upon which it is possible to administer drugs, are often obstacles in the way of a real recovery.

Age is not infrequently an obstacle in the way of recovery—an obstacle usually more keenly appreciated by the physician than by the patient. The removal of the obstacle in this case is not as easily accomplished as it is in some others. The evil accompaniments of age in very many cases, however, may be prevented, even without Metchnikoff's sour

milk, by a suitable hygienic and dietetic régime. Insurance Companies recognise the influence of this obstacle in the healing of wounds, uniting of fractures, the effects of shock, etc., and refuse to grant accident policies after a certain age has been reached by the applicant. It is a not infrequent experience, however, to have octogenarians make prompt recovery after surgical operations, or from a bad bronchitis, or even a pneumonia. If heart, lungs and kidneys have maintained their integrity, such recoveries may be expected.

Notions, whims, family traditions sometimes act as obstinate obstacles in the way of recovery. These notions frequently are connected with diet, as in cases where perfectly wholesome and digestible articles of food are supposed to produce dire results if eaten; or in cases where patients cannot take certain remedies because of the serious consequences which are supposed to follow their use. Obstacles of this nature are varied and numerous and not infrequently retard or prevent a recovery, and unfortunately their removal is a matter

of great difficulty.

An obstacle sometimes in the way of recovery that is more easily removed than others, and that lies with the physician rather than the patient, is the insufficient time devoted to the examination of the patient and sympathetic listening to his complaints. Of course, some patients are garrulous, and the poor overworked physician has no time to waste listening to non-essentials, but he should have time to take the temperature with a reliable thermometer; he should take time enough to make a thorough examination of the case, to familiarise himself with the condition of every function and organ of the body. Much harm is done patients and profession by visits too short to do full justice to the case.

A Hahnemannian doctrine, that possibly may have degenerated into a mere phrase with many, has to do with the "totality of the symptoms." The phrase is more distinctively homeopathic than any other except that one which expresses the therapeutic principle itself—similia similibus curentur. Faithful



observance of the spirit of the formula would not only frequently prevent the making of incorrect diagnoses, but would give the patient the intelligent care that is his right. For instance, a thorough search for the totality of the symptoms may prove that a case that has been diagnosed and treated as a neurasthenia may be shown by urinary analyses to be a case of vicious or deficient metabolism, failure to recognise which has formed a distinct obstacle in the way of recovery, and the recognition of which has caused a change in the treatment with possible subsequent cure. A case of assumed sciatica or rheumatism of the knee may be following a so-called rheumatic treatment without benefit. The securing of the real totality of symptoms, which includes fallen arches, not only changes the diagnosis, but leads to a successful treatment. A pernicious anæmia with exceptionally icteric sallowness may be undergoing unsuccessful for "biliousness." treatment The totality symptoms in this case includes the findings of a microscopical examination of the patient's blood. A case being treated for climacteric metrorrhagia, without change for the better, may include in its totality of symptoms an overlooked uterine polypus or a fibroma. Completion of the totality of symptoms not only removes an obstacle in the way of recovery, but leads to a curative operation. A hay-fever-like condition, or an obstinate cough may be due to nasoadenoids, hypertrophied turbinates, pharyngeal or deflected nasal septum. So-called symptomatic treatment of the hay-fever-like condition or the cough may be useless until the totality of symptoms has become inclusive and the abnormal organic condition recognised and suitably treated. A case of constipation and pseudo-paralysis of a leg in a four-yearold may be causing much family unhappiness until protracted search for the totality of symptoms reveals an obstacle in the way of recovery in a phimosis, the cure of which removes the "obstacle" and the "totality."

One more item in this incomplete survey of an important subject should be mentioned. In paragraph thirteen of the Organon, in note three to para-



graph seven and in paragraph 186, Hahnemann makes as detailed and positive an acknowledgment of the great value of surgery as was possible in his day and with his knowledge. Unquestionably Hahnemann to-day would be among the foremost in paying tribute to the marvellous results of modern surgery, by means of which many an obstacle in the way of recovery (in cases otherwise incurable) is discovered and removed. The briefest reports of two cases illustrate the limitations of pharmaco-therapeutics and the sometimes briliant results of surgical intervention.

A fourteen-year-old girl, three years after an appendectomy, fainted in school and began to manifest gastro-intestinal symptoms, progressive lassitude, loss of colour, nausea, vomiting, epigastric pain, nervous symptoms, irregularity of menstruation, and finally peculiar seizures suggestive of epilepsy. scientious if not intelligent, pharmaco-therapeutic, dietetic and hygienic treatment proved to be absolutely ineffective after about a year's trial. A diagnosis of probable gastro-duodenal ulcer was made and confirmed by laboratory and X-ray findings. ploratory incision was recommended and made. No ulceration was found, but three unusually thick cord-like adhesions were found binding intestinal loops together and to the previous abdominal wound The obstacles to recovery were removed, including liberal freeing of a bound-down clitoris, and a most happy recovery followed.

A woman thirty-eight years of age had suffered severe indigestion for seven or eight years; had suffered also from severe pain in right lumbo-iliac region; had lost in weight and strength. She had been treated in Chicago, Pittsburgh, Philadelphia and elsewhere dietetically and medicinally without benefit. Her condition finally was diagnosed as probable chronic appendix, and advice to be operated upon was accepted. The appendix was found to be practically normal but a strong membranous adhesion between the ascending and transverse colon made a sharp infrahepatic kink, which was the obstacle in the way of



her recovery. Suitable surgical treatment rejuvenated and restored that patient to a most encouraging state of mind and health. It is unnecessary to discuss Jackson's membranes and Lane's kinks: it is enough that the obstacle to recovery was found and removed.

In conclusion it seems consistent and suitable to urge: that the *Organon* be more thoroughly read and studied: that the doctrines advocated therein be made matters of more general knowledge; that the physician should determine to the best of his knowledge whether his cases are curable or incurable; that the physician owes it to his patient to give him time enough for a thorough examination; that thoroughness in diagnosis is most desirable and necessary; that we should secure the absolute totality of symptoms, which neccessarily includes laboratory examination of blood, fæces, urine, stomach contents, and X-ray and physical examination of all sorts; that an earnest search be made for the causes of diseases; that one should not forget that diseases are really non-entities and that immaterial agencies and influences may be potent ætiologically and therapeutically; that whenever a reasonable expectation of improvement or cure fails to be realised, the obstacle in the way of recovery must be energetically sought for and removed; that we should not be unreasonably expectant in using any form of pharmacotherapeutics that while the physician must know all diseases, and all about drugs, his range of knowledge must include the obstacles in the way of recovery and how to remove them in order to act as a master of the art of healing.

295, Commonwealth Ave.

PLATINUM.

THE METAL CALLED PLATINUM AND PLATINA.

Triturations of the Metal are used for the Lower

Potencies.

This remedy was introduced into practice by Hahnemann in his "Chronic Diseases" and remains almost exclusively in the hands of his followers.

Since the introduction of colloidal metals in France, colloidal solutions of Platinum have been prepared and used there, but no definite indications have been assigned to it, nor any special sphere of usefulness alloted to it. Professor Schulz has a little to say of it and some independent observations of its action Chloride of Platinum on the healthy. In five weeks each prover absorbed about two centigrammes of the drug in regular doses of a dilute solution. Nervous system was the principal seat of its action. Weariness and distaste for mental exertion and drowsiness were marked symptoms, with severe headaches principally occipital. In the spine and lumbar region pains developed and more definite neuralgias of the left arm and leg with paræsthesia and sense of muscular weakness. Abdominal pains were apparently referable to the colon: constipation and diarrhea with tenesmus were both observed. In some provers a quick irregular pulse with pain in the cardiac region appeared. Sweating (often at night, especially of the hands and feet was a common symptom: acne spots and boils appeared, and general skin irritation. The urine was increased in quantity, and passed more frequently.

Its provings and clinical experience based on them have led homœopathists to very definite conclusions with regard to this remedy, and its value is considerable

when characteristic symptoms indicate it.

Several metals produce (and their use is prompted by) mental conditions: Gold and Lead are suited to varieties of depression and melancholia, Zinc and Platinum are suggested by more unstable mental states, but whenever well marked, the mental symptoms rank high as indications for metallic remedies and Platinum in particular is seldom successful unless the patient presents at least an approximation to its characteristic mental features. On the other hand when these symptoms are present, great confidence can be placed in the remedy. The mental condition of Platinum at first sight appears to be one of rather rapidly alternating extremes, hilarity and anger, wretchedness and excitement following one another



with little pause between. Such alternations remind the observer of Ignatia and Crocus, but closer inquiry will reveal an underlying characteristic which is almost distinctive for *Platinum* although a somewhat similar feature appears in the pathogenesis of Chamomilla. This characteristic is arrogance, overwhelming pride in self and a contempt for others. It is not always easy to detect, for the pride is often contemptuously silent but care in observation will discover it. The combination of this arrogance with mental instability is highly significant. But there are other symptoms that form good additional indications. There may be present a desire to injure, even to kill persons previously cared for. This may be an extreme development of the selfish arrogance but it sometimes is accompanied by the most intense suffering and attempt to conquer the impulse. Further there is often a tendency for the mental symptoms to alternate with physical nerve symptoms. These are mainly subjective (e.g. pain) and referred to nerve trunks or to the spine or to the sexual organs. Dr. Nash has recorded an admirable case illustrating this point (Nash: "Leaders"). The point is that when the physical sensations are present the mental condition approximates to the normal and the mental symptoms appear when the pains or whatever are in abeyance. The pains appearing in the pathogenesis of *Platinum* have the characteristic of coming on gradually and dying away gradually, exactly the opposite to the pains of Belladonna, but similar characteristics are to be noted in the pathogenesis of Stannum. Frequently there is numbness of the regions where the pain is felt, that is to say, the responses to tactile sensations are delayed or lessened. This symptom also appears under Chamomilla but there is usually much more active anger and bad temper when this latter drug is indicated: the patient needing *Platinum* is seldom very angry, the feeling of superiority replacing wrath or conquering it. In spite however of this arrogance, fear is not at all an uncommon symptom in the Platinum complex, fear of death (Aconite), fear that something will happen, etc.: the fears become notice-



able when the patient's mood becomes melancholy and are less in evidence as the mood changes to a brighter tone.

Headaches are frequent in patients needing *Platinum* (cf. Schulz's provings) they often seem to arise from emotional causes and especially from sexual excitement or at the catamenia. The region of the head pain is not characteristic but an accompanying numbness of the scalp and the fact that the pain comes gradually and goes gradually would strongly indicate *Platinum*. Similarly with pains elsewhere the gradual outset and departure of the pain and an accompanying numbness are general symptoms of great value as indications.

Together with these mental and nervous symptoms, those which are most characteristic of Platinum are symptoms referred to and affecting the sexual organs. Indeed it is highly probable that the effects of the drug on the sexual organs are largely responsible for the mental symptoms. The normal internal secretions of these glands play a very large part in determining the self-confidence, sense of personality and courage which are notably lacking for instance in the castrated. It is not difficult to imagine that a slight perversion of these secretions might carry self-confidence over into arrogance or an alteration in the rhythm of secretion cause courage to alternate with fear. Be this as it may, symptoms in the sexual sphere are of great importance in leading to a choice of the drug. Females seem on the whole more susceptible than males, but it is a mistake to regard *Platinum* as exclusively a remedy for women. Sexual hyper-sensitiveness is a marked symptom: not inflammation but erethism and hyper-This is accompanied by increased sexual desire and may lead to masturbation. Both for the condition that has led to it and for the nervous results of it *Platinum* can be a sovereign remedy. sexual desire, even nymphomania or satyriasis, can be controlled by *Platinum* when other symptoms confirm the choice of the remedy. The hyper-sensitiveness may reach the point of pain and the external genitals be unable to bear the lightest touch. With this sexual erethism are associated pains in the ovarian

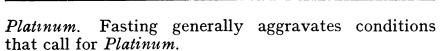


region, especially the left (Schulz's provers confirmed this left-handedness of *Platinum* symptoms), and uterine hæmorrhage. Increased flow at the catamenia of dark clotted blood. *Platinum* seems to predispose to hæmorrhage generally venous and clotted. The period is too early, too profuse, but not usually prolonged. Between the periods leucorrhæa is common. Cramps and spasms even hysterical convulsions may occur in relation to sexual disturbances and the mental state reacts on and is reacted on by the pelvic symptoms. Cramping ineffective labour pains may find their remedy in *Platinum* if the pregnant woman is otherwise of the *Platinum* type.

Symptoms that suggest *Platinum* are not infrequently found in pelvic cases of gross organic disease *e.g.* prolapse, ovarian cyst, fibroma, etc. Each case must be judged on its merits with regard to surgical interference, use of pessaries, and so forth, and at any rate for cysts and large fibromas the practitioner will probably feel the need of surgery But if the symptoms indicate *Platinum* (or any drug) clearly, the use of the remedy will do much both before and after operation to relieve the patient, and should on no account be witheld, and if the gross change is recent and not giving rise to anxiety, the indicated remedy is quite capable, when skilfully handled, of clearing up conditions at first sight unpromising.

The bane of the art of medicine is the resource to facile generalisations—to treat every case precisely on its own merits should be the physician's ideal.

Apart from the sexual organs *Platinum* has a considerable number of abdominal symptoms, more to be referred to the bowel than the stomach and largely to the colon. Flatulence, colic, constipation, are prominent: the abdomen is retracted, peristalsis spasmodic and ineffective. Indeed the complex is so much like that of *Plumbum* that *Platinum* has been used as an antidote to lead colic. The stool, however, more often clay like and adherent, passed after much ineffectual straining: the *Plumbum* stool like that of *Opium* is more often like small black marbles. The *Alumina* stool is more like that characteristic of



To sum up, when *Platinum* is indicated, the symptom complex will be mainly made up of abdominal (chiefly pelvic) and mental and nervous symtoms, and indications referable to the sexual organs have a special importance. It will often help neurasthenias and paresis and hysterical conditions, and its characteristic symptoms being largely of an "intimate" order require much care and patience to elicit them.

Schema.

General Reactions;

Symptoms: < touch and pressure: < Fasting: < During Menses: < rest: < evening and night: < warm room through heat > cramp: > motion: > fresh air.

Mind. Alternating moods with melancholy often prominent: fear: hysterical disposition: pride and arrogance, contempt of others, are very characteristic mental symptoms, alternating with physical sensations or associated with sexual symptoms.

Head. Headache (often occipital, Schulz) increasing gradually to climax and gradually dying away: accompanying numbness and coldness of the scalp:

Alimentary Canal. Loss of appetite or else much increased appetite. Symptoms < fasting. Abdominal pain; flatulence; colic; constipation; stool tenacious, expelled with difficulty, or sometimes hard and dry; itching in rectum; venous hemorrhoids (bleeding freely).

Sexual Organs. Great increase of sexual desire: hyperæsthesia of external genitals; hemorrhagia (blood dark, clotted); period too early, too profuse, but not prolonged; severe pain in ovarian region chiefly left (Palladium right).

Back and Extremities. Weakness, numbness and pain in spine: cramp and neuralgic pains in limbs: loss of power, restlessness, numbness, sense of tension



in limbs: all symptoms < touch: pains increase gradually and die away gradually.

Sleep. Prolonged; lascivious dreams; drowsiness by day.

THE INDICATIONS FOR THE USE OF PHYSICAL STIMULI.

Dr. PERCY WILDE.

As in the case of drugs, the best guide in the choice of physical stimuli is a knowledge of the symptoms they are capable of producing, when used in large doses, on the healthy human body.

Thus, we can by continued deep friction over a nerve trunk, produce pain and tenderness over the point of application and set up, secondarily, a disturbance in the area of its distribution. We cannot produce the same result by heat or by any form of electricity.

If therefore, we find pain or disturbance in the area of distribution of any particular nerve, and we also find that the trunk of the nerve is tender at the point where it leaves the skull or spine, friction over the trunk of the nerve, moderate in time and intensity, will prove curative, while heat or electrical applications would fail.

Excessive exercise of a muscle will cause it to waste and become defective. We cannot produce the same result by excessive massage, by galvanism or heat but we can produce a temporary paresis of the muscle by the excessive application of the Faradic current. In the case of wasted muscles, gentle exercise, combined with the Faradic current will give better results than galvanism or massage.

We can produce a rapid condition of neurasthenia in the healthy subject by the general application of a strong galvanic current. We cannot produce the same result with the Faradic current or other physical stimuli. It follows that mild general galvanism is indicated in such cases.



We can produce artificial fever by the use of heat in such a manner as to check the radiation of heat from the body. Mild applications of the same method is one of the best means we possess of reducing fever. By the continued and excessive use of dry heat the skin becomes inactive and secretion is arrested. When we meet with such conditions, moderate use of dry, hot air restores the activity of the skin.

By the application of moist heat, long continued, we can produce swelling and effusion into a joint and simulate acute inflammation. We cannot do the same with dry heat. Therefore in inflammation of a joint moist applications of moderate intensity produce the best results.

By prolonged immersion in cold water we can produce defective circulation, especially in the extremities. In cases where this occurs, cold water in moderate doses is the most efficient agent for curative purposes.

The same law applies to medicinal agents used externally. Thus,

By the application of *Cantharides* we can produce all the symptoms of a burn of the first degree. Weak solutions of *Cantharides* relieve such symptoms.

A strong application of Capsicum can produce all the symptoms peculiar to a chilblain. Mild applications of Capsicum relieve such symptoms.

Nitrate of silver applied to mucous membranes produces catarrh. In weak solutions it is curative.

Carbolic Acid produces dryness and irritation of mucous membranes, in weak solution it is indicated in such a condition.

FORMICA RUFA IN HEADACHE. A VERIFICATION.

Dr. Goldsbrough.,

The following case which has occurred in my practice recently appears sufficiently interesting to be placed on record. It illustrates several points of view in the exercise of homeopathic method.



Mrs S—. aged 60, a widow, consulted me on October 8th, for a very distressing headache, loss of rest and nervous disturbance. I had known the lady for many years as having good, health on the whole but subject to rheumatism and constipation. She is a hard worker, taking the oversight of a small business, and keeping house for herself and maid. In addition she is philanthropically inclined and does work for her church, and lately has been giving several hours weekly at a soldiers' canteen. She lives in a very noisy neighbourhood, with tram cars running all night, more or less, over junction points, and at the back of the house there is a large soldiers' barracks, a transport depôt and repairing shops being in the next street.

The immediate neighbourhood has not been visited by an air raid, but it is only a mile away from a district in which a Zeppelin recently wrought considerable havoc. This latter event and the series of warnings to "take cover" subsequently, with all her other engagements, caused this lady to lose her sleep, and she developed an intense headache, which was greatly worse in the morning when waking, on the least movement, and on washing. The pain was general from occiput to forehead of a severe and agonising character, and throbbing worse on the slightest movement. Sleep was very scanty. There was continual yawning and nausea, not relieved in any position or in the open air. Patient was much depressed and I advised rest in bed for a few days, and tried several medicines with very little relief, Chelidonium, Ignatia, Bryonia, in more than one dilution were given. There was some amelioration following the last named. As the case progressed the symptoms of the head grew more pronounced from movement, and particularly the pain became most intense on attempting to wash the face or neck or any part of The patient could only describe it as the body. agony and she is not a woman to exaggerate her This peculiar symptom aggravated from symptoms. washing led me to consult a repertory. This repertory was the Pathogenetic Cyclopædia, compiled by the late Dr. Dudgeon, forming chapter one two and three

of the British or Cipher Repertory. I looked up conditions of pains in the head, (page 259) and found one medicine under "aggravation by cold bathing and washing," namely Formica. To the initials of the medicine is attached another number, on reference to which I found to be "aggravation on drinking coffee." had made no enquiry as to this modality in my patient's case, but think she would have told me had it been present. But the other aggravation she was very positive about. I turned to letters Allen's "Encyclopædia of Pure Materia Medica" (vol. iv, p. 356) and found the exact symptom recorded "Headache in the posterior upper and inner part of the head, increased by drinking coffee, and each time by washing with cold water in the morning," as having arisen from taking several drops of Spiritus formicarus (tincture of live ants) after the same had previously been in-All the other head symptoms recorded under Formica seemed to correspond with my patient's condition, a nerve shattered, fatigued state altogether. I had never used this medicine before, as far as I recollect. I ordered Formica 6, two drops every two hours until relief was obtained, then less frequently. I should say the patient was not informed what had been given to her previously nor now, but she is a good homeopath of fifty years standing, and faithful in carrying out directions. Two days after the new medicine was given I received a note saying that there had been great relief to the headache soon after taking the medicine and that it was bearable This was on October 27th. By the 31st, the doses having been repeated at rarer intervals, it was practically gone, and I received a final call from the patient on the 15th of November. The case appears to require no further comment, except that perhaps Formica deserves a larger attention in nerve shattered conditions than it has hitherto received.

HOSPITALS AND INSTITUTIONS.

GLASGOW.

THE Report of the Houldsworth Hospital and Dispensary is a document of great interest. The financial position is stable and reflects the greatest credit both on the skill and care of the management and on the enthusiasm of the Hospital supporters, for in these days there are many calls upon the generous. Already an extension of the Hospital is being conconsidered and plans laid for it.

Dr. Lang and Dr. Dishington being on active service, the Dispensary work has had to be curtailed, but the year's attendances reached 4,608. In-patients numbered 113 admissions in the year and 27 in the private rooms. A number of operations have been performed. Of the patients whose treatment was concluded during the year, 96 out of 116 were cured or benefitted. The whole record is an admirable one and we congratulate the great city and offer our good wishes for the future.

SIAMESE GRAFTS.—Laurent (Bull. Acad. de Med., Paris, April 10th, 1917 No. 15. pp. 481-510) reports four cases in which he repaired an extensive gap in the femur or humerus by a pedunculated graft from another person, the donor and recipient fastened together for eight or ten days. In one case a gap in the femur was thus restored by a stretch of the femur from a man whose leg had been amputated, and it required shortening of the excess of femur left. In the second case the gap of the humerus was repaired by the fibula with the periosteum from the tibia. In each case the redundant bone after amputation was used for the graft, and the results obtained confirmed in every respect the anticipations derived from his previous experimental research in this line of symbiosis grafts. To date the results in his four clinical cases are satisfactory. Consolidation is complete in the first case and nearly complete in another. One of the recipients is obese and has eczema, which renders the outlook dubious in his case. Each case is described in detail, each representing a different type of technique. The wounds had been severe and it was a question of amputation otherwise.—The Medical World.



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The usual monthly meeting of the Executive Committee was held at Chalmers House on Tuesday, 20th November, 1917, at 4.30 p.m.

Donation.

Mrs. Douglas Kitson (per Dr. John Weir)



2 IO O

CORRESPONDENCE.

ON "PROVING" FOODS.

[TO THE EDITOR OF "THE HOMEOPATHIC WORLD."] Sir,—I am always glad to read criticism of my letters by a competent critic, but I do not admire your correspondent, W. A. Davidson's, kind of criticism. It will never help us to progress, and there is no standing still. Mr. Davidson had better read my book, and perhaps he would learn how to live so as not to come home at night "with mind and body fagged," and drink tea which I know cheers, but at what cost? dilates on fat and says, "Some people are fond of fat and never seem worse for it." I was fond of tea, and not only did I not seem worse for it, but felt as much better for it, as, perhaps, he does when fagged at night, nevertheless I am better since I stopped taking tea, and I don't miss fat. I can quite understand that a woman might die suddenly after eating heartily of milk pudding if she had not been in the habit of eating milk puddings. It may interest your readers to know that having discovered that green peas caused lumbago I asked three doctors in Hawick, this summer, to ask in any case of lumbago they met with if green peas had been eaten. One told me I was too late, for he had had plenty of cases of lumbago. Another, whom I saw the other day, told me that the very morning he received my card he was sent for to see a case of lumbago, and, "for fun," he said, he asked if he had been eating green peas. To his astonishment, the patient had had green peas, with duck, the day before. Such a critic as Mr. Davidson would no doubt say it might be the duck; but, when I was "proving" green peas, I had no duck, nor anything else, to interfere with the effect of the peas. Let him stop taking tea for a week, and then take a strong infusion and send you a note of his symptoms. as though I should like to "prove" tea, but my body conscience prevents me, and that I regard as proof, that (what some call) my "unconscious mind" is



satisfied that tea is dangerous. The unconscious mind is not easily satisfied, but seems to act not on mere belief, but on actual knowledge only. I should like to make a convert of Mr. Davidson, not only for his own sake, but for the sake of his patients, for then he would soon learn the danger of even "a nice cup of hot tea lightly brewed."

I am, etc.,
JOHN HADDON, M.D.

Denholm, Hawick, Scotland.

November 7th, 1917.

VARIETIES.

DIASTATIC ACTIVITY OF URINE.—The results reported by various authors, not only in experimental pancreatic lesions in animals but in pancreatic disease in man, led McClure and Pratt (Arch. of Intern. Med., Chicago, April, 1917, No. 4) to the present study. The method employed to estimate diastatic activity was one devised by Wohlgemuth. The authors studied the disastatic activity of the urine in twenty-two healthy adults and in 108 hospital patients. These patients were without evidences of pancreatic disease or diabetes mellitus. The conclusions arrived at, in part, are: The estimation of the diastatic activity of the urine is of very slight value in the diagnosis of paricreatic disease. In rare instances, however, a large amount of diastase is present—more than 500 units per cubic centimetre. This finding strongly suggests disease of the pancreas. The diastatic activity in the urines of persons with normal pancreas varies widely The estimation diastatic activity in the fæces is of slight value as an aid to the diagnosis of the pancreas. Obstruction of the pancreatic ducts in man results in a low diastatic activity in the fæces. The diastatic activity in the fæces of persons without pancreatic disease varies widel. The authors suggest that the absence of diastatic activity in conditions in which the pancreas is normal is probably due to complete absorption of the diastase by the intestines.

Medical World.



Medical World.

STUDIES IN ALKALINITY OF SPINAL FLUID.—A. Levinson (Arch. of Pædiatrics, New York, April, 1916, No. 4. pp. 241-320) believes that methyl red is the most sensitive and most suitable indicator for determining the alkalinity of the spinal fluid. It is one of the very few indicators that is sensitive to organic substances. It gives a straw colour to water, a strongly yellow colour to alkaline, and a bright red to acid. The change from neutral to acid or alkaline is very sharp, and can be used even for the determination of ammonia. Levison used one drop of a 2 per cent. solution of methyl red in alcohol and adopted Sulphuric acid for titration of the spinal fluid and that in one hundredth normal solution. He describes his method in detail. The result of his study thus far seems to be that the alkalinity of the spinal fluid varies in different diseases. The alkalinity bears a certain relationship to diseases of the meninges. Furthermore, some diseases influence the alkalinity in a characteristic manner. determination of the chemical reaction of the fluid thus becomes of value in establishing the diagnosis of some forms of meningitis. Fifty cases of spinal fluid were tested for its alkalinity, some of which were non-meningeal in character, while others were true meningitis. In non-meningeal cases the alkalinity varied from 1.5 to 2.6 cc., normal alkalinity varying between 2.0 and 2.4. the meningeal cases the alkalinity was lower. Epidemic meningococcus shows a lessened alkalinity of the spinal fluid. Of eight cases tested none reached to 1.5 cc., the highest being 1.3 cc., the lowest 0.7. Pneumococci meningitis also shows a lessened alkalinity from 0.9 to 1.1 cc., but tuberculous meningitis shows no decrease in alkalinity. One case of influenza meningitis gave a 1.45 cc. alkalinity. The administration of serum had an increasing effect on the alkalinity of the spinal fluid.

ERYTHEMA VASCULOSUM.—Lipschütz (Wien. klin. Wchenschr., No. 40, 1915) observed in twenty soldiers an hitherto not described dermatosis. It consisted in rapidly developing bright red spots, varying in size from a poppy seed to a threepenny piece, irregularly distributed and level with the skin. They were roundish, roundish, epileptic or slightly irregular in form; on close inspection delicate small red vessels could be seen, branching like a net over the surface of the spots. The spots disappeared on pressure. The places of predilection were the anterior and lateral parts of the thorax, abdomen and cervical region. The affection did not inconvenience the patients in any way. The author sums up the characteristic features as follows: (1) The vascular participation in the structure of the efflorescences and the dilatation of the vessels lasting for several days. (2) The clinical phenomenon of circumscribed formation of erythema. (3) The, presence of places of predilection. (4) The subacute or chronic course of the affection, with its popular recurrent character causing a certain polymorphism of the clinical aspect, due to the numerous transitions from greatly developed to less developed

forms.—Medical World.

ROLE OF SYMPATHETIC SYSTEM IN ABDOMINAL DISEASES .-The incidence and distribution of pain, produced by disease affecting the abdominal organs supplied by the sympathetic nervous system, is discussed thoroughly by Binnie (Amer. Journ. of Med. Sciences, Philadelphia, May, 1916, No. 5, pp. 625-780) "Reflex pain" and "referred pain" are analysed from the anatomic basis. He says, for instance, that the complexity of the nerve connections of the viscera, the perfection attained in the fulfilment of their vegetative or automatic functions, and the rarity of the higher centres being given cognisance of what is going on in the digestive tract, apart from a feeling of well-being or satisfaction, excuse if they do not explain the confusion in the differential diagnosis of such distinct anatomic entities as appendicitis, pancreatitis, cholecystitis, gastric and duodenal ulcers. "Referred pains" may be simulated closely by other very important pain. Inflammation extending from the organ primarily involved may of course come into a region supplied by spinal nerves and thus pain result, such as the lumbar pain experienced in cases of retrocæcal appendicitis or the imflammation may spread to another organ adherent to that primarily involved, and thus a secondary "referred pain" may be noted. An example of this latter condition is in cases in which an inflamed appendix becomes adherent to the prostrate and gives rise to pain at the point of the penis. In appendicitis pain may be experienced on the left side of the abdomen through direct extension of peritonitis or possibly, in the absence of such extension, by allochiria, because (Head and Howell), when from any cause one or the other of the cutaneous senses is depressed in a given area stimulation in this region may give sensations which are referred to a symmetrical area on the opposite side of the body. Impulses passing up from the ureter to the aortic plexuxes may produce a disturbance there, sufficient to cause the transmission of motor impulses through the hypogastric plexus to the rectal sphincters and thus set up a tonic contraction. Such tonic contraction is present in the cases of which renal colic is mistaken for obstruction.

Binnie points out that originally the gastro-intestinal canal was a straight tube developed in the dorsal region and pushed into the primitive body cavity in such a fashion that it became enveloped with peritoneum, but retained its connection with the dorsal structure by means of blood vessels and of nerves which lay between the layers of the primitive mesentery. As development proceeded the various organs assumed the positions in which they are found in the normal individual. The viscera ultimately normally takes up positions which may be remote from the middle line, yet their telephone supply remains the same except for the necessary elongation of the wires. Binnie suggests that this may explain why the early pain of most visceral lesions is generally median.—Medical World.

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Darling (H. C. R.) Elementary Hygiene for Nurses. A Handbook for Nurses and others. Cr. 8vo, pp. 160. (Chur-

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Brit. Hom. Review.—Revist. Hom.—Med. Times.—Med. Advance.—The Chironian.—La Homeopatia.—Ind. Hom. Rev.—Hom-Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.

—N.A. J. of H.—New Eng. Med. Gaz.—Annals de Med. Hom.— Hahnemannian Mon. — Pacific Coast Journal of H.—Journal B.H.S.—Calcutta Jour. of Med. Fran Homöopatiens Värld.— Journal of the American Institute of Homœopathy. — Indian Homœopathic Reporter. — The Homœopathician —Iowa Homœo. Journal.—Homœopathisch Tijdschrift.

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